FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19145 (2)

1. Corporation Name
SAFILO USA, INC.

Principal Place of Business	Mailing Address
2 GARDNER ROAD FAIRFIELD NJ 07004-2206	2 GARDNER ROAD FAIRFIELD NJ 07004-2206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1988
3a. Date of Last Report: 10/26/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 13-1982071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	DUGGIN, J.D.	12 NAME		
STREET ADDRESS	62 BRUSH HILL	13 STREET ADDRESS		
CITY-ST-ZIP	KINNELON NJ	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	JUDGE, JOHN	22 NAME		
STREET ADDRESS	2 GARDNER ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07004	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	TABACCHI, GIULIANO	32 NAME		
STREET ADDRESS	7A STRADA N20	33 STREET ADDRESS		
CITY-ST-ZIP	PADOVA, ITALY	34 CITY-ST-ZIP		
TITLE	COO	41 TITLE	COO	☒ Change ☐ Addition
NAME	KARLO, FRANK	42 NAME	CLAUDIO GOTTARDI	
STREET ADDRESS	733 GALLOPING HILL RD.	43 STREET ADDRESS	2 GARDNER RD	
CITY-ST-ZIP	FRANKLIN LAKES NJ	44 CITY-ST-ZIP	FAIRFIELD, NJ 07004	
TITLE	AVP	51 TITLE		☐ Change ☐ Addition
NAME	GOTTLIEB, MARTIN	52 NAME		
STREET ADDRESS	2 GARDNER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07004	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Changed, or on an attachment with an address.

SIGNATURE: [signature] AVP 2-28-95 201-575-6200 X 507
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Telephone Number
MARTIN GOTTLIEB

0004207 FP