

2-18-98 B-2220 c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19145** (2)
1. Corporation Name
SAFILO USA, INC.

Principal Place of Business 2 GARDNER ROAD FAIRFIELD NJ 07004-2206	Mailing Address 2 GARDNER ROAD FAIRFIELD NJ 07004-2206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801 Jefferson Road Suite, Apt. #, etc.		2a. Mailing Address 26 801 Jefferson Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/05/1988	
City & State 23 Parsippany, NJ Zip Country 24 07054-3753 25 USA		City & State 27 Parsippany, NJ Zip Country 29 07054-3753 30 USA		4. FEI Number 13-1982071 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEOB, M			1.2 NAME			
STREET ADDRESS	3 SYCAMORE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WOODCLIFFE LAKE NJ			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUDGE, JOHN			2.2 NAME			
STREET ADDRESS	2 GARDNER ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD NJ 07004			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABACCHI, VITTORIO			3.2 NAME			
STREET ADDRESS	7A STRADA N20			3.3 STREET ADDRESS			
CITY-ST-ZIP	PADOVA, ITALY			3.4 CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOTTARDI, CLAUDIO			4.2 NAME			
STREET ADDRESS	2 GARDNER ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD NJ			4.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOTTLIEB, MARTIN			5.2 NAME			
STREET ADDRESS	2 GARDNER ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD NJ			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)