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Apr 07 1998 8:00am  
Secretary of State

1998

PROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # P93000046948 (4)

1. Corporation Name  
P. M. ACCESSORIES, INC.

Principal Place of Business: 10550 BEXLEY BLVD BOCA RATON FL 33428  
Mailing Address: 10550 BEXLEY BLVD BOCA RATON FL 33428

3. Date Incorporated or Qualified: 06/28/1993  
3a. Date of Last Report: 03/30/1998

4. FEI Number: 65-0421374  
Applied For: Not Applicab.

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

2. Principal Place of Business  
2a. Mailing Address  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

9. Name and Address of Current Registered Agent  
\* HENN, REINER W  
10550 BEXLEY BLVD  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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  
TITLE: PSTD  
NAME: MULLER, PETER H  
STREET ADDRESS: WALDFRIEDHOFSTRASSE 58  
CITY-ST-ZIP: 8000 MUNCHEN 70, GERMANY  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE: 600002482066  
4.2 NAME: -04/08/98--01014--034  
4.3 STREET ADDRESS: \*\*\*150.00  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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. 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 exemption with an address.