

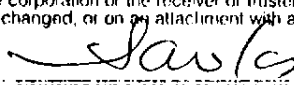
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000084289 1. Corporation Name MEPCO ACCESSORIES CORP					
Principal Place of Business 5401 Collins Ave Suite 426 Miami Beach FL 33140			Mailing Address 5401 Collins Ave Suite 426 Miami Beach FL 33140		
2. Principal Place of Business 21 1059 Collins Ave Suite, Apt. #, etc. 22 Suite 101-1223 City & State 23 Miami Beach FL Zip 24 33139		2a. Mailing Address 26 1059 Collins Ave Suite, Apt. #, etc. 27 Suite 101-1223 City & State 28 Miami Beach FL Zip 29 33139		3. Date Incorporated or Qualified 10/11/96 4. FEI Number 65-0801316 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent VELEZ SAMUEL D 5401 Collins Ave Suite 426 Miami Beach FL 33140			10. Name and Address of New Registered Agent 81 Name VELEZ SAMUEL D 82 Street Address (P.O. Box Number is Not Acceptable) 1059 Collins Ave 83 Suite 101 1223 84 City Miami Beach FL 85 Zip Code 33139		
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 SAMUEL D VELEZ PRESIDENT 03/04/98 (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DP ☐ DELETE NAME VELEZ SAMUEL D STREET ADDRESS 5401 Collins Ave #426 CITY-ST-ZIP Miami Beach FL 33140 TITLE DVST ☐ DELETE NAME VELEZ DIANA M STREET ADDRESS 5401 Collins Ave #426 CITY-ST-ZIP Miami Beach FL 33140 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 1059 Collins Ave #101-1223 14 CITY-ST-ZIP Miami Beach FL 33139 21 TITLE ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 1059 Collins Ave #101-1223 24 CITY-ST-ZIP Miami Beach FL 33139 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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)(b), 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:  PRESIDENT 03/04/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date