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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # P96000084289

1. Corporation Name
MEPCO ACCESSORIES CORP

Principal Place of Business	Mailing Address
5401 Collins Ave Suite 426 Miami Beach FL 33140	5401 Collins Ave Suite 426 Miami Beach FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0801316	☐ Applied For ☐ Not Applicable
21 1059 Collins Ave	26 1059 Collins Ave		
Suite, Apt. #, etc. 22 Suite 101-1223	Suite, Apt. #, etc. 27 Suite 101-1223	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23 Miami Beach FL	City & State 28 Miami Beach FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 33139 Country: 25 Dade	Zip: 29 33139 Country: 30 Dade	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	10. Name and Address of New Registered Agent
VELEZ SAMUEL D 5401 Collins Ave Suite 426 Miami Beach FL 33140	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VELEZ SAMUEL D 5401 Collins Ave #426 Miami Beach FL 33140	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1059 Collins Ave #101-1223 Miami Beach FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST VELEZ DIANA M 5401 Collins Ave #426 Miami Beach FL 33140	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1059 Collins Ave #101-1223 Miami Beach FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 85 4.23
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition -04/23/98--01079--008 ***150.00

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: Samuel PRESIDENT 03/04/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #