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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:16

DOCUMENT # **682713** **(3)**

1. Corporation Name
RALLY ACCESSORIES, INC.

Principal Place of Business
5255 NW 159TH ST.
MIAMI FL 33014

Mailing Address
5255 NW 159TH ST.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2069298 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KAPLAN, ABBEY L.
201 S. BISCAYNE BLVD., SUITE 1970
MIAMI FL 33131

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

TITLE	CPS
NAME	IACOVELLI, MARC
STREET ADDRESS	5255 NW 159TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	VT
NAME	KRUSZEWSKI, TOM
STREET ADDRESS	5255 NW 159TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	BOUCHER, JONATHAN
STREET ADDRESS	9 WEST 57TH ST., 40TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	QUINN, THOMAS H.
STREET ADDRESS	1751 LAKE COOK RD
CITY-ST-ZIP	DEERFIELD IL
TITLE	D
NAME	KRAVER, RICHARD A.
STREET ADDRESS	2427 JUNIPER HILL RD
CITY-ST-ZIP	ASPEN CO
TITLE	D
NAME	JORDAN, JOHN W.
STREET ADDRESS	9 WEST 57TH ST., 40TH FLOOR
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	LOWDEN, JOHN R.	
13 STREET ADDRESS	9 WEST 57 STREET - 40th FLOOR	
14 CITY-ST-ZIP	NEW YORK, NY 10019	
21 TITLE	V	☐ Change ☒ Addition
22 NAME	HYATT, WILLIAM	
23 STREET ADDRESS	5255 NW 159 ST	
24 CITY-ST-ZIP	MIAMI, FL 33014	
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 do hereby certify that the information supplied with this filing is voluntarily 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 the 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: Tom Kruszewski TOM KRUSZEWSKI 2/8/95 (305) 628-2836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004040 CR