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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
RALLY ACCESSORIES, INC.

Principal Place of Business	Mailing Address
5255 NW 159TH ST. MIAMI FL 33014	5255 NW 159TH ST. MIAMI FL 33014-6217

3. Date Incorporated or Qualified: **09/17/1980**
3a. Date of Last Report: **05/01/1996**

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)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPS	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	IACOVELLI, MARC		1.2 NAME	Lowden, John R.	
STREET ADDRESS	5255 NW 159TH ST		1.3 STREET ADDRESS	9 West 57 St. - 40th Floor	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	V	☐ DELETE	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	KRUSZEWSKI, TOM		2.2 NAME		
STREET ADDRESS	5255 NW 159TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	BOUCHER, JONATHAN		3.2 NAME	Hyatt, William	
STREET ADDRESS	9 WEST 57TH ST., 40TH FLOOR		3.3 STREET ADDRESS	5255 NW 159th St.	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	Miami, FL 33014	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, THOMAS H.		4.2 NAME		
STREET ADDRESS	1751 LAKE COOK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRAVER, RICHARD A.		5.2 NAME		
STREET ADDRESS	2427 JUNIPER HILL RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ASPEN CO		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, JOHN W.		6.2 NAME		
STREET ADDRESS	9 WEST 57TH ST., 40TH FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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; 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 SIGNATURE REQUIRED Tom Kruszewski 4/29/97 (305)628-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120492