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
May 05 1998 8:00am
Secretary of State

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/17/1980

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 ______ 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	CPS	☐ DELETE
NAME	IACOVELLI, MARC	
STREET ADDRESS	5255 NW 159TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	☐ DELETE
NAME	KRUSZEWSKI, TOM	
STREET ADDRESS	5255 NW 159TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☒ DELETE
NAME	BOUCHER, JONATHAN	
STREET ADDRESS	9 WEST 57TH ST., 40TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☒ DELETE
NAME	QUINN, THOMAS H	
STREET ADDRESS	1751 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	D	☐ DELETE
NAME	KRAVER, RICHARD A	
STREET ADDRESS	2427 JUNIPER HILL RD	
CITY-ST-ZIP	ASPEN CO	
TITLE	D	☒ DELETE
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 Tom Kruszewski 4/21/98 (305)628-2091