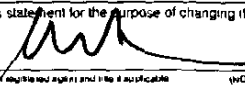
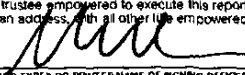


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91793 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000003178			
1. Entity Name ACCORD DISTRIBUTORS U.S.A., INC.			
Principal Place of Business 130 NE 4TH AVE DEERFIELD BEACH, FL 33442		Mailing Address BOX 5032 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 95-4449137		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIMER, MORRIS 7431-34 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name 14907 VILLA LANTANA PL City BOCA RATON FL Zip Code 33433	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/28/03 Signature, symbol or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when appointing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIMER, MORRIS 7431-34 WEST ATLANTIC AVE. DELRAY BEACH, FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RIMER, JOYCE 7431-34 W ATLANTIC AVE DELRAY BCH, FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.			
SIGNATURE:  DATE 4/28/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

80111083

☐ CHECK HERE IF MAKING CHANGES

CH2034 (10/02)