

IF NOW FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA
INCORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF REVENUE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J69121 06

Corporation Name

Avborne Accessory Group, Inc.

Principal Place of Business

7500 NW 26 Street
Miami, FL 33122

Mailing Address

c/o Legal Dept.
2665 S. Bayshore Drive, 8th Fl
Miami, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/87

4. FEI Number

59-2806937

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 the current year Intangible
Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

Peter W. Klein
c/o Trivest, Inc.
2665 S. Bayshore Drive, 8th Floor
Miami, FL 33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] DELETE
NAME D
STREET ADDRESS Edwin W. Parkinson
CITY, ST, ZIP 7500 NW 26 Street
MIAMI, FL 33122 [] DELETE
2. TITLE D/T/AS
NAME Richard L. Dunn
STREET ADDRESS 7500 NW 26 St.
CITY, ST, ZIP Miami, FL 33122 [] DELETE
3. TITLE D/P
NAME J. Rafael Montalvo, III
STREET ADDRESS 7500 NW 26 St.
CITY, ST, ZIP Miami, FL 33122 [] DELETE
4. TITLE D/EVP
NAME Eduardo Montalvo
STREET ADDRESS 7500 NW 26 St.
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5. TITLE D/VP
NAME Derek A. McDowell
STREET ADDRESS 2665 S. Bayshore Drive, 8th Floor
CITY, ST, ZIP Miami, FL 33133 [] DELETE
6. TITLE S
NAME Peter W. Klein
STREET ADDRESS 2665 S. Bayshore Drive, 8th Floor
CITY, ST, ZIP Miami, FL 33133

1. TITLE AS
NAME Marilyn D. Kuffner
STREET ADDRESS 2665 S. Bayshore Drive, 8th Floor
CITY, ST, ZIP Miami, FL 33133 [] Change [] Addition
2. TITLE AS
NAME Dale A. Stohr
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), Florida Statutes. Further, I certify that the information indicated on this annual report or the initial 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 6, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or upon appointment with an address, with all other persons empowered.

SIGNATURE

Marilyn D. Kuffner, Asst. Sec.

4-13-99 305/858-2700