

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K08927 (1)
1. Corporation Name
THE ITALIAN ACCENT APPAREL CORPORATION

Principal Place of Business
3565 N.E. 207TH STREET, #B2
N MIAMI BCH. FL 33180

Mailing Address
3565 N.E. 207TH STREET, #B2
N MIAMI BCH. FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3565 NE 207th St
Suite, Apt. #, etc.
22 B # 11
City & State
23 N-MIAMI FLA
Zip
24 33180 Country

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

3. Date Incorporated or Qualified 12/24/1987
3a. Date of Last Report 01/30/1996
4. FEI Number 65-0021648
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
ABADY, ELIZABETH KNIGHT
3565 NORTHEAST 207TH STREET
SUITE B2
NORTH MIAMI FL 33180

10. Name and Address of New Registered Agent
81 Name SANE
82 Street Address (P.O. Box Number is Not Acceptable) SANE
83 Suite B # 11
84 City SANE FL 85 Zip Code SANE

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 NAME STREET ADDRESS CITY-ST-ZIP
DPS ABADY, DAVID 3701 N. COUNTRY CLUB DR. N. MIAMI BEACH FL
DT KNIGHT, ELIZABETH H. 3701 N. COUNTRY CLUB DR. N. MIAMI BEACH FL
V ABADY, MARGOT 3701 N COUNTRY CLUB DR. N MIAMI BCH. FL
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
DAVID ABADY 2110 NE 214th St N-MIAMI FLA 33180
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
ELIZABETH ABADY 2110 NE 214th St N-MIAMI FLA 33179
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
800002250358--7 -07/29/97--01048--007 *****165.00 *****165.00
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
800002250358--7 -07/29/97--01048--008 *****8.75 *****8.75
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 attached page with an address.

SIGNATURE REQUIRED

CR2E034 (4/97)

Mario Pucci

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ON 1/4/97 WE MAILED OUT
CHECK # 7682 FOR \$165
FE# 65-0021648. I AM IN
RECEIPT OF YOUR 2ND REQUEST AND
I THEREFOR CHECKED WITH MY BANK
WHICH ADVISED ME THAT IT APPEARS
CHECK # 7682 WAS NEVER CASHED.
HERE IS A SECOND CHECK FOR \$165
#8231.

P.S. HERE IS A COPY OF MY
CHECK STUB.

*Sincerely
David Hardy*

3575 NE 207th Street B11

Aventura, Florida 33180

Phone: (305) 935-9415

Fax: (305) 935-9467