

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 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 # **K14749** (1)

1. Corporation Name

**ACCESSORIES SHOP OF MIAMI, FLORIDA, INC.**



Principal Place of Business

**7313 N.W. 46TH ST  
MIAMI FL 33166**

Mailing Address

**7313 N.W. 46TH ST  
MIAMI FL 33166-6424**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**MEDRANO, RAFAEL  
7321 N.W. 46TH STREET  
SUITE 300  
MIAMI FL 33166**

3. Date Incorporated or Qualified

**02/12/1988**

3a. Date of Last Report

**03/06/1996**

4. FEI Number

**65-0025514**

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

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 607.1506, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: <b>PD MEDRANO, RAFAEL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>7321 N.W. 46TH ST</b>	13.2 NAME:
12.3 CITY-STATE-ZIP: <b>MIAMI FL</b>	13.3 STREET ADDRESS:
12.4 TITLE: <input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP:
12.5 NAME:	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS:	13.6 NAME:
12.7 CITY-STATE-ZIP:	13.7 STREET ADDRESS:
12.8 TITLE: <input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP:
12.9 NAME:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS:	13.10 NAME:
12.11 CITY-STATE-ZIP:	13.11 STREET ADDRESS:
12.12 TITLE: <input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP:
12.13 NAME:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:	13.14 NAME:
12.15 CITY-STATE-ZIP:	13.15 STREET ADDRESS:
12.16 TITLE: <input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP:
12.17 NAME:	13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:	13.18 NAME:
12.19 CITY-STATE-ZIP:	13.19 STREET ADDRESS:
12.20 TITLE: <input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP:
12.21 NAME:	13.21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:	13.22 NAME:
12.23 CITY-STATE-ZIP:	13.23 STREET ADDRESS:
12.24 TITLE: <input type="checkbox"/> DELETE	13.24 CITY-STATE-ZIP:
12.25 NAME:	13.25 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS:	13.26 NAME:
12.27 CITY-STATE-ZIP:	13.27 STREET ADDRESS:
12.28 TITLE: <input type="checkbox"/> DELETE	13.28 CITY-STATE-ZIP:
12.29 NAME:	13.29 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS:	13.30 NAME:
12.31 CITY-STATE-ZIP:	13.31 STREET ADDRESS:
12.32 TITLE: <input type="checkbox"/> DELETE	13.32 CITY-STATE-ZIP:
12.33 NAME:	13.33 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 STREET ADDRESS:	13.34 NAME:
12.35 CITY-STATE-ZIP:	13.35 STREET ADDRESS:
12.36 TITLE: <input type="checkbox"/> DELETE	13.36 CITY-STATE-ZIP:
12.37 NAME:	13.37 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS:	13.38 NAME:
12.39 CITY-STATE-ZIP:	13.39 STREET ADDRESS:
12.40 TITLE: <input type="checkbox"/> DELETE	13.40 CITY-STATE-ZIP:
12.41 NAME:	13.41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 STREET ADDRESS:	13.42 NAME:
12.43 CITY-STATE-ZIP:	13.43 STREET ADDRESS:
12.44 TITLE: <input type="checkbox"/> DELETE	13.44 CITY-STATE-ZIP:
12.45 NAME:	13.45 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 STREET ADDRESS:	13.46 NAME:
12.47 CITY-STATE-ZIP:	13.47 STREET ADDRESS:
12.48 TITLE: <input type="checkbox"/> DELETE	13.48 CITY-STATE-ZIP:
12.49 NAME:	13.49 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 STREET ADDRESS:	13.50 NAME:
12.51 CITY-STATE-ZIP:	13.51 STREET ADDRESS:
12.52 TITLE: <input type="checkbox"/> DELETE	13.52 CITY-STATE-ZIP:
12.53 NAME:	13.53 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 STREET ADDRESS:	13.54 NAME:
12.55 CITY-STATE-ZIP:	13.55 STREET ADDRESS:
12.56 TITLE: <input type="checkbox"/> DELETE	13.56 CITY-STATE-ZIP:
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12.58 STREET ADDRESS:	13.58 NAME:
12.59 CITY-STATE-ZIP:	13.59 STREET ADDRESS:
12.60 TITLE: <input type="checkbox"/> DELETE	13.60 CITY-STATE-ZIP:
12.61 NAME:	13.61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.62 STREET ADDRESS:	13.62 NAME:
12.63 CITY-STATE-ZIP:	13.63 STREET ADDRESS:
12.64 TITLE: <input type="checkbox"/> DELETE	13.64 CITY-STATE-ZIP:
12.65 NAME:	13.65 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.66 STREET ADDRESS:	13.66 NAME:
12.67 CITY-STATE-ZIP:	13.67 STREET ADDRESS:
12.68 TITLE: <input type="checkbox"/> DELETE	13.68 CITY-STATE-ZIP:
12.69 NAME:	13.69 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.70 STREET ADDRESS:	13.70 NAME:
12.71 CITY-STATE-ZIP:	13.71 STREET ADDRESS:
12.72 TITLE: <input type="checkbox"/> DELETE	13.72 CITY-STATE-ZIP:
12.73 NAME:	13.73 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.74 STREET ADDRESS:	13.74 NAME:
12.75 CITY-STATE-ZIP:	13.75 STREET ADDRESS:
12.76 TITLE: <input type="checkbox"/> DELETE	13.76 CITY-STATE-ZIP:
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12.78 STREET ADDRESS:	13.78 NAME:
12.79 CITY-STATE-ZIP:	13.79 STREET ADDRESS:
12.80 TITLE: <input type="checkbox"/> DELETE	13.80 CITY-STATE-ZIP:
12.81 NAME:	13.81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.82 STREET ADDRESS:	13.82 NAME:
12.83 CITY-STATE-ZIP:	13.83 STREET ADDRESS:
12.84 TITLE: <input type="checkbox"/> DELETE	13.84 CITY-STATE-ZIP:
12.85 NAME:	13.85 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.86 STREET ADDRESS:	13.86 NAME:
12.87 CITY-STATE-ZIP:	13.87 STREET ADDRESS:
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12.90 STREET ADDRESS:	13.90 NAME:
12.91 CITY-STATE-ZIP:	13.91 STREET ADDRESS:
12.92 TITLE: <input type="checkbox"/> DELETE	13.92 CITY-STATE-ZIP:
12.93 NAME:	13.93 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.94 STREET ADDRESS:	13.94 NAME:
12.95 CITY-STATE-ZIP:	13.95 STREET ADDRESS:
12.96 TITLE: <input type="checkbox"/> DELETE	13.96 CITY-STATE-ZIP:
12.97 NAME:	13.97 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.98 STREET ADDRESS:	13.98 NAME:
12.99 CITY-STATE-ZIP:	13.99 STREET ADDRESS:
12.100 TITLE: <input type="checkbox"/> DELETE	13.100 CITY-STATE-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 included 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 owner 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 only an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/97 (305) 591-9806**

Date

Daytime Phone #

CR2E034 (9/96)