

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees <input type="checkbox"/> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.1508, 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 officer or director and title of appointment)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

OFFICE

DELETE

1.1 TITLE

Change Addition

NAME

1.2 NAME

Change Addition

STREET ADDRESS

1.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Change Addition

OFFICE

DELETE

2.1 TITLE

Change Addition

NAME

2.2 NAME

Change Addition

STREET ADDRESS

2.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Change Addition

OFFICE

DELETE

3.1 TITLE

Change Addition

NAME

3.2 NAME

Change Addition

STREET ADDRESS

3.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

3.4 CITY-ST-ZIP

Change Addition

OFFICE

DELETE

4.1 TITLE

Change Addition

NAME

4.2 NAME

Change Addition

STREET ADDRESS

4.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

4.4 CITY-ST-ZIP

Change Addition

OFFICE

DELETE

5.1 TITLE

Change Addition

NAME

5.2 NAME

Change Addition

STREET ADDRESS

5.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

5.4 CITY-ST-ZIP

Change Addition

OFFICE

DELETE

6.1 TITLE

Change Addition

NAME

6.2 NAME

Change Addition

STREET ADDRESS

6.3 STREET ADDRESS

Change Addition

CITY-ST-ZIP

6.4 CITY-ST-ZIP

Change Addition

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 changes are made in my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (305) 591-9806

Daytime Phone #