MIGUEL DE ARMAS & ASSOC. 3/10

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18319

FILED
May 03, 2000 8:00 am
Secretary of State

03-10-2000 90038 034 ***150.00

1. Entity Name

ACCESSORY WORLD & DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
% LUIS ALBIZA 1091 W. OKEECHOBEE RD HIALEAH FL 33010-2513	% LUIS ALBIZA 1091 W. OKEECHOBEE RD HIALEAH FL 33010-2513

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FREDDY ALBIZA	FREDDY ALBIZA
Suite, Apt. #, etc: 1091 W. OKEECHOBEE	Suite, Apt. #, etc: 1091 W OKEECHOBEE Rd
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33010 Country: MIAMI-DADE	Zip: 33010 Country: MIAMI-DADE

4. FEI Number 65-0064690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBIZA, LUIS
1091 W. OKEECHOBEE RD
HIALEAH FL

7. Name and Address of New Registered Agent

Name: FREDDY ALBIZA
Street Address (P.O. Box Number is Not Acceptable): 1091 W. OKEECHOBEE Rd
City: HIALEAH FL Zip Code: 33010

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.

SIGNATURE: [signature]
signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FREDDY ALBIZA		NAME		
STREET ADDRESS	1091 W. OKEECHOBEE RD		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] FREDDY ALBIZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #