## File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16 1998 8:00 am
Secretary of State

	1998	A BALLEY	DIVISION OF CO	RPORATIONS			•		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee					j				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9700001080									
		<b>22.00</b>	002005	1a. Principal Place of Business Address					
ACCENTMARKETING COMMUNICATIONS, L.C.									
LA PUERTA DEL SOL				or.	LA PUERTA DEL SOL STE. 100, 800 DOUGLAS RD.				
STE. 100, 800 DOUGLAS RD. CORAL GABLES FL 33134				B-PR CM			DOUGLAS RD.		
,	JORAL GABLES EL 55.	$\mathcal{L}_{l}$		CORALIG	WDMP9 t	П 22124			
2. Principal Place of Business 2a. Mailing Address					3. Date Organize	ed or Qualified	3a. State of Formation		
Z. Principal Place of Dusiness Za. Maini			19 F1001985		}				
Suite, Apt. #, etc. Suite, Apt			t. #, etc.		09/29/1997 4. FEI Number		FL		
					65-0785845		Applied For		
City & State City & State			ite				Not Applicable		
	I Complete	Žip	Country		5. Date of Last Report		6. Certificate of Status Desired		
Zip	ip Country Zip		1	intry			\$8.75 Additional Fee Required		
7. Name and Address of Current Registered			Anent		Name and Address	tered Acentififfice			
<b>,</b>	/. Hame dry Audioso of Ourions	Johiorore	Agent	Name 5. 1	Name and Address of New Registered Agent/Office     Name				
PLOU	CHA, L M		1						
	ATKINSON, DINER, S	CONE (	& MANKUTA	Street Address (P.O. Box Number is Not Acceptable)					
P. O. DRAWER 222088, 1046 TYLER				L					
HOLLYWOOD FL 33022				Suite, Apt. #, etc.	•				
			City				Zip Code		
				, only			2000		
9. Pursua	ant to the provisions of Sections 608.416 a	nd 608.508,	above-named limited	I liability company s	ubmits this state	ement for the purpose of changing			
Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.									
SIGNATURE . Hagistared Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)  DATE 3/08/98									
10. Title Managing Members/Managers			T	Business Street Address			City, State and Zip Code		
			<del></del>						
					~~~ 10				
MEM	BLANCO, ESTEBAN		LA PUERTA	A DEL SOL,	, STE. IU	CORAL	GABLES FL		
MEM	BLANCO, MIRIAM		LA PUERT	A DEL SOL,	STE. 10	CORAL	GABLES FL		
					,				
MEM	BONET, FERNANDO		LA PUERT	A DEL SOL,	, STE. 10	CORAL	GABLES FL		
MEM	THE INTERPUBLIC G	DOI100	1271 277	NUE OF THE	T AMEDICA	NEW VC	אוע שמו		
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11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

0/28/98 305-4611112