

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 AUG 16 AM 8:30
 SECRETARY OF STATE

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000001080

ACCENTMARKETING COMMUNICATIONS, L.C.
LA PUERTA DEL SOL
STE. 100, 800 DOUGLAS RD.
CORAL GABLES FL 33134

1a. Principal Place of Business Address

LA PUERTA DEL SOL
STE. 100, 800 DOUGLAS RD.
CORAL GABLES FL 33134

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		6401 SW 87 Ave.	
City & State		Suite, Apt. #, etc.	
Zip		204	
Country		City & State	
		Miami, FL	
		Zip	
		33173	
		Country	
		USA	

3. Date Organized or Qualified	3a. State of Formation
09/29/1997	FL
4. FEI Number	<input type="checkbox"/> Applied For
65-0785845	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
03/16/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

PLOUCHA, I M
C/O ATKINSON, DINER, STONE & MANKUTA
P. O. DRAWER 222088, 1046 TYLER ST.
HOLLYWOOD FL 33022

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BLANCO, ESTEBAN	LA PUERTA DEL SOL, STE. 100	CORAL GABLES FL
MEM	BLANCO, MIRIAM	LA PUERTA DEL SOL, STE. 100	CORAL GABLES FL
MEM	BONET, FERNANDO	LA PUERTA DEL SOL, STE. 100	CORAL GABLES FL
MEM	THE INTERPUBLIC GROUP	1271 AVENUE OF THE AMERICAS	NEW YORK NY

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11. 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 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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Miriam Blanco* 7/30/99 305-461-1112

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