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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 94 00000 1905**
1. Corporation Name
**ACCENT MARKETING ASSOCIATES
INC.**

Principal Place of Business Mailing Address
**5360 NW 55 BLVD.
STE. 9-206
COCONUT CREEK, FL
33073** **P.O. Box 891
CORAL SPRINGS
FLA. 33075**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **5360 NW 55 BLVD** 26 **P.O. Box 891**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *** 9-206** 27
City & State City & State
23 **COCONUT CREEK, FL** 28 **CORAL SPRINGS, FL**
Zip Country Zip Country
24 **33073** 25 **USA** 29 **33075** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
JAN 4 1994 **1994**
4. FEI Number Applied For
65-0464097 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
B. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SAL RAMOS
4000 No. SR#7 STE. 210
LAUDERDALE LAKES, FLA.
33319**

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 **SAL RAMOS (REG. AGENT)** DATE **3/15/95**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SAL RAMOS
STREET ADDRESS	5360 NW 55 BLVD. 9206
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	VICE PRESIDENT
NAME	MONICA M. RAMOS
STREET ADDRESS	5360 NW 55 BLVD. 9.206
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	300001454683
24 CITY - ST - ZIP	-04/12/95--01082--010
	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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 registered 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 of this report or on an attachment with an address.

SIGNATURE **SAL RAMOS** PRES. DATE **3/15/95** **305**
(Signature of Person) **127-9885**