

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000001905 (6)**

1. Corporation Name  
**ACCENT MARKETING ASSOCIATES INC.**



Principal Place of Business: **5360 NW 55 BLVD. STE. 9 206 COCONUT CREEK FL 33073 US**  
Mailing Address: **P.O. BOX 8971 CORAL SPRINGS FL 33075 US**

3. Date Incorporated or Qualified: **01/04/1994**  
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business (21)  
2a. Mailing Address (26)  
22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.  
23 City & State  
28 City & State  
24 Zip Country (25) Zip Country (29) (30)

4. FEI Number: **65-0464097**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**RAMOS, SALVADOR  
4000 NORTH STATE ROAD 7  
STE. 210  
LAUDERDALE LAKES FL 33319**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature and typed or printed name of registered agent and FEI number (if applicable) (2001) Registered Agent signature required when filing (2001) Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, SALVADOR</b>	
STREET ADDRESS	<b>5360 NW 55 BLVD. # 9206</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, MONICA M</b>	
STREET ADDRESS	<b>5360 NW 55 BLVD. #9206</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 changed, or in Block 14 with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/1/96** TIME: **954.427.9885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (2001) Date: \_\_\_\_\_ (2001) Time: \_\_\_\_\_

CR2E034 (12/95)