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FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1721 CORSICA DRIVE
Suite, Apt. #, etc.
22
City & State
23 WELLINGTON, FLA.
Zip
24 33414
Country
25 USA
2a. Mailing Address
26 1721 CORSICA DRIVE
Suite, Apt. #, etc.
27
City & State
28 WELLINGTON, FLA.
Zip
29 33414
Country
30 USA

3. Date Incorporated or Qualified
01/04/1994
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RAMOS, SALVADOR
5360 NW 55 BLVD
9-206
COCONUT CREEK FL 33073
10. Name and Address of New Registered Agent
81 Name SALVADOR RAMOS
82 Street Address (P.O. Box Number is Not Acceptable) 1721 CORSICA DRIVE
83
84 City WELLINGTON FL 85 Zip Code 33414

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 SALVADOR RAMOS
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 2-11-98

12. OFFICERS AND DIRECTORS
TITLE P
NAME RAMOS, SALVADOR
STREET ADDRESS 5360 NW 55 BLVD. # 9206
CITY-ST-ZIP COCONUT CREEK FL 33073
TITLE VP
NAME RAMOS, MONICA M
STREET ADDRESS 5360 NW 55 BLVD. #9206
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
1.1 TITLE
1.2 NAME RAMOS, SALVADOR
1.3 STREET ADDRESS 1721 CORSICA DRIVE
1.4 CITY-ST-ZIP WELLINGTON, FL 33414
2.1 TITLE VP
2.2 NAME MONICA M. RAMOS
2.3 STREET ADDRESS 1721 CORSICA DRIVE
2.4 CITY-ST-ZIP WELLINGTON, FL 33414
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

CR2E034 (10/97)