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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra Bm
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P94000022249 (4)
1. Corporation Name
PRESTIGE ACCESSORIES, INC.

Principal Place of Business

1375 NW 87 AVE #B-14
MIAMI FL 33172

Mailing Address

1375 NW 87 AVE #B-14
MIAMI FL 33172-2850



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0477383

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

PIGONI, FRANCO R
650 OCEAN DRIVE #4A
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

61 Name

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

City

FL

65

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President.

(305)-599-7199

Date

Daytime Phone #

CR2E034 (9/96)