FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043195 (3)

ACCESSORIES, ETC. INTERNATIONAL, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address					70107011111001
4776 SW 72ND AVE MIAM! FL		4776 SW 72ND AVE MIAMI FL						
						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
						06/06/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	26			NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	+	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State		City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Ζφ	- ⊢	Country		8. This corporation owes or has paid the cur		
24	25	29	30	30			Yes	□ No
	9. Name and Address of Currer	it Registered Agent		31 1	Marsa	10. Name and Address of New Registered	-yent	
	Bel, Lizbeth		ļ°	' '`	Name			
10360 S.W. 103RD COURT			Ē	82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33176		1.					
			1	33				į
			la la	34 (City	,	85 2	Zip Code
					•	FL		
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig)2 and 607,1508, Florida S Lof Florida, Such change (ations of Spetion 607,050	statutes, the abo was authorized 5. Elorida Stalu	ove-n by th tes	named corp ne corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	cnangir ointment	ng its registered t as registered
-	Trigation print, third tendent end of any							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE Registered	Agent s	signature requir	ed when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETI	1.1 THTL	.E			L Chan	ge L. Addition
NAME	Sobel, Liz		1.2 NAM	ΛE				1
STREET ADDRESS	%4776 SW 72ND AVE		1.3 S1R	eet ad	DRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	/-ST-Z	ZIP			
TITLE	VPD DELETE		2.1 TITU	2.1 TITLE			Chan	nge 🔲 Addition
NAME	SOBEL, PETER		2 2 NAM	22 NAME				
STREET ADDRESS	4776 SW 72ND AVE		2.3 STR	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2 4 CII	Y-S1-	ZIP			
TITLE	V DELETE		3 1 TIIL	31 TITLE			L Char	nge LJ Addition
NAME	SOBEL, TED 32		3.2 NAM	AE.				
STREET ADDRESS	4776 SE 72ND AVE		3.3 STR	EFT AD	DDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CIT	Y-S1-	ZIP			
TITLE	\$T	DELETE 4.1		E			☐ Char	nge 🔲 Addition
NAME	SOBEL, CLAIRE		4. 2 NA	ME				
STREET ADDRESS	4776 SW 72ND AVE		4.3 STR	EE1 AD	ODRESS			
CITY-ST-ZIP	MIAMI FL		4.4 C(T)	Y - ST - 2	ZIP			
TITLE		DELET	E 5.1 TITL	E			☐ Char	nge 🔲 Addition
NAME			5.2 NA	Mξ				
STREET ADDRESS			5.3 STR	EET AD	DDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP			
TITLE		DELET					Char	nge Addition
NAME			62 NA	ΜE				
STREET ADDRESS			63 STR	leet ad	DDRESS			
			6.4 CIT		l l			
CITY-ST-ZIP	The state of the second control of	illy this files does not but				Section 119 07/3Vi) Florida Statutes I further or	artify that	the information

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 informatic 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 receivor 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.

Late Shel

Lizbeth Saber

4/28/98 (315) 667-3711