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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057138 (6)

GLOBAL ACCENTS, INC.

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-7IP

								_				
Principal Place of Business Mailing Address									s illäffike: ein sankt meilt älltet mask datie		## 14### 111#), (A10 sA44
36710 LAKE P DADE CITY FL		DAD		36710 LAKE PASADENA ROAD DADE CITY FL 33525-8477								
									Pate Incorporated or Qualified 17/21/1995		of Last R 8/1996	eport
2. Principal F	lace of Busin	iess	28	2s. Mailing Address				4, F	El Number			plied For
21			26	L				APPLIED FOR \$9-333.0859 Not Applicable				
Suite, Apt #, etc				Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required					
City & Stat	e		L	City & State			Election Campaign Financing \$5.00 May Be					
23			28						rust Fund Contribution		Added t	
Zip		Country		Zip 1	h	ıntry	<i>'</i>		his corporation has liability for i	ntangible te	ax under s.	. 199.032,
24	25 29 29 9. Name and Address of Current Registered Agent				30					es Yes No Idress of New Registered Agent		
		irrent Hegi	istereo Agent	81	Name	10. 1	alle and Address of Man Mai	histolon vi	Jeni			
	TARELLAS,											
38710 LAKE PASADENA ROAD DADE CITY FL 33525						82	Street Addre	ess (P.C). Box Number is Not Acceptab	le)		
DAI	UE CHT PL	33323				83				.,		
						84	ļ				1	
							City			FL	85 Zip (Code
office or agent. La	registered ac	jent, or both, in the S	State of Flo	607.1508, Florida Sta rida: Such change wa of, Section 607.0505,	as authorize	id by	y the corporati	oration ion's bo	submits this statement for the p ard of directors. I hereby accep	urpose of c t the appoi	hanging it intment as	s registered registered
SIGNATURE Signature, typied or printed name of registered agent and nile if applicable (NOTE Registere							ent signature require	ed when re	instating)	DATE		
12.		OFFICERS	AND DIR	ECTORS	13.			ΑC	DITIONS/CHANGES TO OFFIC			
THILE	D			DELETE	1.1 T	ITL€				[Change	Addition
NAME		LLAS, ANTONIO		1.2 N			1.2 NAME					
STREET ADDRESS 36710 LAKE PASADENA ROAD				1.3 \$			1.3 STREET ADDRESS					
CITY-ST-ZIP DADE CITY FL 33525							1.4 CITY - ST - ZIP					
TITLE	D			☐ DELETE	2.1 1	TLE				Ĺ	Change	☐ Addition
NAME	JORDAN	, IVONNE			2.2 N	AME						
STREET ADDRESS							T ADDRESS					
CiTY+ST-ZiP	DADE C	TY FL 33525			2.40	HTY -	ST-ZIP					
THLE				☐ DELETE	31 T	ITLE				Ĺ	Change	Addition
NAME					3.2 N	AME						
STREET ADDRESS					3.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	<u> </u>						ST-ZIP					
TITLE				☐ DELETE	4,1 T	ITLE				ι	Change	Addition
NAME					4.21	NAME						
STREET ADDRESS					4.3 \$	TREET	T ADDRESS					
CITY - ST - ZIP					4.4 C	(TY - 9	ST-ZIP					

14. I do 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 13 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

5.2 NAME

6 1 TITLE 62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

DELETE

DELETE

ANTONIO ESTA RULLAS SIGNATURE:

Januay 22-197

Change

Change

Addition

Addition

FILED

Jan 28 1997 8:00am

Secretary of State