SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000058927 (1)**

1. Corporation Name
ACCESSORY ACCENT, INC.

Principal Place of Business
3700 ISLAND BLVD., UNIT C-402
NORTH MIAMI BEACH FL 33160

Mailing Address
3700 ISLAND BLVD., UNIT C-402
NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: **07/31/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt #, etc: 22 21218 St. Andrews Blvd.
23 City & State: Boca Raton, Fl.
24 Zip: 33433 25 Country:

2a. Mailing Address
26 Suite, Apt #, etc: 27 21218 St. Andrew Blvd.
28 City & State: Boca Raton, Fl.
29 Zip: 33433 30 Country: 1

4. FEI Number: 65-0597579 — 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
MARSHALL, M. KEITH
18301 BISCAYNE BLVD., 2ND FLOOR
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 21218 St. Andrew Blvd.
83 Boca Raton
84 City: FL 85 Zip Code: 33433

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 of President or Chairman or Vice President or other officer (if applicable) (NOTE: Registered Agent signature required when registered agent) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MAYERSOHN, RONALD	
STREET ADDRESS	3700 ISLAND BLVD., UNIT C-402	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1.1 TITLE		☐ Change ☑ Addition
1.2 NAME		
1.3 STREET ADDRESS	21218 St. Andrews Blvd.	
1.4 CITY-ST-ZIP	Boca Raton, Fl. 33433	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001888911	☐ Change ☐ Addition
6.2 NAME	-07/10/96--01013--038	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mayersohn, Ronald
Date: 6/13/96
Daytime Phone #: (407) 477-8865