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Requestor's Name	
890 S.W. 87 AVENUE SUITE: 16 Address	
MIAMI, FLORIDA 33174 (305)552-597:	3 3000021215337 -03/24/9701079012 *******35.00 ******35.00
City/State/Zip Phone #	
LOCAL REPRESENTATIVE TALLAHASSEE	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
1. ACCENT TRADING	CORP
(Corporation Name) (Document #)	
2(Corporation Name) (Document #)	
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4 (Corporation Name) (Document #)	
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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 25, 1997

Lazarus Corporate Industries, Inc. 890 S.W. 87 Avenue Suite 16 Miami, FL 33174

SUBJECT: ACCENT TRADING CORPORATION Ref. Number: P97000024367

We have received your document for ACCENT TRADING CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please of (904) 487-6907.

Annette Hogan Corporate Specialist

Letter Number: 897A00014911

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

97 FILED NAR 28 PH 3 24 ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION ACCENT TRADING CORPORATION (present name) Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation: FIRST: Amendment(s) adopted: (indicate anicle number(s) being amended, added or deleted) ARTICLE IL PRINCIPAL OFFICE TO : 9770 S.W. 83 STREET, MINMI, FL 33173 ARTICLE IV REGISTERED AGENT AND ADDRESS TOB SILVIA SIMONEHI 9720 S.W. 83 STREET, MIAMI, FL 33173 ARTICLE VI DIRECTOR to: SILVIN SIMONEHI, 97 20 5.W. 83 STREET, MIA, FL 33173

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

The date of each amendment's adoption: <u>D3121/1997</u> THIRD: FOURTH: Adoption of Amendment(s) (check one) The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. U The following statement must be separately provided for each voting group entitled to vote separately on the amendm ent(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signed this <u>21</u> day of <u>MARCH</u>, 19<u>97</u> Signature (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR (By a director if adopted by the directors) OR (By an incorporator if adopted by the incorporators) IMONETTI Typed or printed name TRESIDENT Title

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is: ACCENT TRAJING CORP 1.

2. The name and address of the registered agent and office is:

Indiana Simonethi Silvin Simonethi (NAME) <u>9720 S.W. 83 street</u> (P.O. BOX NOT ACCEPTABLE) <u>MIAMI, FL 33173</u> (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS **REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER** AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS **REGISTERED AGENT.** 

SIGNATURE SILVA SILVAND

**REGISTERED AGENT FILING FEE: \$35.00**