

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000030864 (7)
 1. Corporation Name
ACCENT ENTERPRISES OF MIAMI CORP.



Principal Place of Business 7931 EAST DRIVE #304 MIAMI FL 33141	Mailing Address 7931 EAST DRIVE #304 MIAMI FL 33141
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/04/1997

21 11670 NE 18th Dr Suite, Apt. #, etc. 22 Suite # 4 City & State 23 Miami, FL Zip 24 33181	25 USA	26 11670 NE 18th Dr Suite, Apt. #, etc. 27 Suite # 4 City & State 28 Miami, FL Zip 29 33181	30 USA
---	--------	---	--------

4. FEI Number
65-074-1265

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PALACIOS, SIVERIO
 7910 WEST DRIVE #305 MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name **PALACIOS, SILVERIO**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~315~~ **7931 East Dr. Apt 304**
 83
 84 City **Miami** FL 85 Zip Code **33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SERNA, GUILLERMO	
STREET ADDRESS	7910 WEST DRIVE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SERNA, GUILLERMO
1.3 STREET ADDRESS	11670 NE 18th Dr. Suite #4
1.4 CITY-ST-ZIP	MIAMI, FL 33181
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **GUILLERMO SERNA, DIRECTOR 2-24-98**

CR2E034 (10/97)