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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000035421 (1)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ACCENTS, INC.

2. Principal Place of Business

Country

ERMER, LOURDES DERGAN P.A. 6011 WEST 16TH AVENUE

HIALEAH FL 33012

9. Name and Address of Current Registered Agent

Sulte, Apt. #, etc.

City & State

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Zip

Principal Place of Business	Mailing Address	
2405 S.W. 123RD COURT MIAMI FL 33175	2405 S.W. 123RD COURT MIAMI FL 33175	

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FILED
Apr 23 1998 8:00am
Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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.

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Country

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SIGNATURE						
0,0,0,0,0,0	Signature, typed or printed name of registered agent and title if app	Logble (NOTE:	Registered Agent signature requi			
12.	OFFICERS AND DIRECTOR	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	\$ IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	PEIRATS, GEORGINA		1.2 NAME			
STREET ADDRESS	2405 S.W. 123RD COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition
NAME	GONZALEZ, RAFAEL		2.2 NAME			
STREET ADDRESS	2405 S.W. 123RD COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	■ Addition
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•	
TITLE	_	DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY+ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	M. A.		6.4 CITY-ST-ZIP	0		

In 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changod, or on an attachment with a address.

SIGNATURE:

efail Gonza

4/1/98

(305) 551-8396