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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham

1998 DOCUMENT # P97000101579 (5)

DARDEN REMBERT ACCESSORIES ENTERPRISES, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of	Pusinoss	Mailing Address			in i moi i mh agu ion iog	
Principal Place of Business Mailing Address						
1541 BRICKELL AVENUE #B704 1541 BRICKELL AVENUE #B704 MIAMI FL 33129			#8704			
MIAMI FE 53729		MIRMI FL 53125		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
		¥		12/03/1997		
2. Principal Place		2a. Mailing Address	0 1 70	4. FEI Number	Applied For	
21 1420 >	our Bayshons De	26 /420 500 The Suite, Apt. #, etc.	<u>a Boyel one Da.</u>	45-0804707	Not Applicable	
Suite, Apt. #, e	#3.3	⊢ `	# 303	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	7 203	& Floation Compaign Financing		
23 11:	ui FloridA	28 Hinmi.	FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zip _	Country	8. This corporation owes or has paid the co		
24 3313	1 25 DADE	29 33/3/	30 DADE	Personal Property Tax due June 30.	Yes No	
), Name and Address of Current F	Registered Agent		10. Name and Address of New Registered	d Agent	
MURRAY, C. ROBERT JR				ATRICIA A. REM	BERT	
				ress (P.O. Box Number is Not Acceptable)	15 G V. 1	
IMAIM	FL 33166		142	20 South Boyshore	Dr. #303	
			83		·	
			84 City	Miami F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation admits 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 oriporation'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.						
·		REAGERT	Jala-	and Inchest	4/8/98	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN		
1 1	D	☐ DELETE	1.1 TITLE	: T. D.	Change Addition	
	REMBERT, PATRICIA A	_	1.2 NAME	ATRICIA A. REMBERT	- #2AZ	
	1541 BRICKELL AVENUE #B704	•	1.3 STREET ADDRESS	has somethy multiples of h	K	
	MIAMI FL 33129	T an ex	1.4 CITY-ST-ZIP	4: AMI, FL. 33/3/		
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP		Change Addition	
NAME			3.1 TITLE		The Profittion	
NAME STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		DELETE	3.4. CHY-ST-ZIP		☐ 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 ADORESS			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			6.4 CITY-ST-ZIP			
14. I hereby certif	v that the information supplied with	this filing does not qualify I		Section 119.07(3)(i). Florida Statutes. I further of	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 or an attachment with an address.