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PROFIT				
CORPORATION				
ANNUAL REPORT				
1999				

FLORIDA DEPARTMENT OF STATE

<u>Katherine</u> Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000 1 6 1 5 7 9 (5)

1. Corporation Name

DARDEN REMBERT ACCESSORIES ENTERPRISES, INC.

Principal Prace of Business	Mailing Address
1420 South Bayshore	Drive, #303
Miami, Florida 3313	
2. Principal Place of Business 3232 S.W. 53rd Stre	eet 2a. Mailing Address 26 3232 S.W. 53rd Stre

Miami, Florida 331	31	SAME		3. Date Incorporated or Qualifed 12/3/97		
Principal Place of Business 3232 S.W. 53rd Str		Mailing Address 3232 S.W. 53rd	d Street	4. FEI Number		Applied For
JEJE J.W. JJIG SCI	et 26	3434 S.W. 3310	a Street	65-0804707		Not Applicable
Suite, Apl. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
City & State Hollywood, Florida	28	City & State Hollywood. Flo	ari da	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 33312 Country		Zip Cou		This corporation owes the curre Personal Property Tax.		ngible □Yes SyNo
9. Name and Address of		stered Agent		10. Name and Address of New R	egistered #	gent
			81 Name pa	atricia A. Rember	ct	

Rembert, Patricia A. 1420 South Bayshore Drive, #303 Miami, Florida 33131

IV. Maille and Address of New Registered Agent						
81	Name Patricia A. Rembert					
	Street Address (20 Sox Number is Not Acceptable)					
83						

Hollywood 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 effectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE PACTICIA A. REMDETE PRESIDENT Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when hindstating) DATE DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D						
TITLE	P.T.D.	1.1 TITLE	P.T.D.	Change [Addition				
NAME	Patricia A. Rembert	1.2 NAME	Patricia A. Rembert						
STREET ADORÉSS		1.3 STREET ADDRESS	3232 S.W. 53rd Street]				
CITY-ST-ZIP	Miami, Florida 33131	1.4 CITY-ST-ZIP	Hollywood, Florida 33312						
TITLE	☐ DELETE	2.1 TMLE	morry wood, from an 355.	Change [Addition				
NAME		22 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CiTY-ST-ZiP		2.4 CITY-ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		Change [Addition				
NAME		3.2 NAME	20000206006	·					
STREET ADDRESS	•	3.3 STREET ADDRESS	30000306999 -12/14/990109	7nn3					
CITY - ST - ZIP		3.4. CITY-ST-ZIP	****758.75 **		TAddition				
TITLE	☐ DELETE	4.1 TITLE		Charlge (*]-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							
STREE! ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TRTLE		Change [Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		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 on 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: **1**

ye of Bigaming Officer on Butterfor Cia A. Rembert

8/12/99 (305) 947-/45/

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