**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000050195

1. Corporation Name

ACCESSORIES INTERNATIONAL, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90109 024 \*\*\*150.00



Principal Place	of Business	Mailing Address			
9313 S.W. 130TH ST. 9313 S.W. 130TH ST. MIAMI FL 33176 MIAMI FL 33176					
MININE 50170					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/03/1998
2. Principal Place of Business 2a. Mailing Address				=	4. FEI Number
2. Principal Place of Business 2a. Mailing Address SA				<u> </u>	65 - 08423 / O Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip C					8. This corporation owes the current year Intangible
24 551 / 6 25 U SA 29 30					Personal Property Tax. Yes No.  10. Name and Address of New Registered Agent
_	9. Name and Address of C	urrent Registered Agent	81	Name	In' require and veguess of treat tradistrated vident
MITC	HELL, ALFREDO		82		
9313 S.W. 130TH ST.				Street Ad	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33176			83		
			][		
			84	City	FL 85 Zip Code
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					squired when rejustating) DATE
	Signature, typed or printed name of register	red agent and title if applicable. (NOTE: R RS AND DIRECTORS		signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PS OFFICER	DELETE	13.	- N	VICE - PRESIDENT Change Addition
NAME	MITCHELL, ALFREDO		1.2 NAME	1.	Beatriz E. Mitchell
STREET ADDRESS	9313 S.W. 130TH ST.		1.3 STREET	ADDRESS	9313 5.W. 130 31
CRY-ST-ZIP	MIAMI FL 33176		1,4 CITY-S1	-ZIP	miami, FL 33176
TITLE	PS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ALFREDO		2.2 NAME		:
STREET ADDRESS	9313 S.W. 130TH ST.		2.3 STREET	ADDRESS	and the second s
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE	1	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T- ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	1	
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	☐ Change ☐ Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME		· Onlings I required
NAME			53 STREET	ADDRESS	
STREET ADDRESS			5.4 City-St	i i	
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		_ 0000.0	6.2 NAME		
NAME CTREET ADDRESS			6.3 STREET	ADDRESS	•
STREET ADDRESS			64 CITY-ST		

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, goog as attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR