

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000052074

1. Corporation Name
ACCENT TECHNOLOGICAL ENTERPRISE

FILED

99 MAY -5 PM 12:26

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8889 FONTAINE BLEAU BLVD, 8889 FONTAINE BLEAU
STE 205 BLVD STE 205
MIAMI FL 33172-6408 MIAMI FL 33172-6408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 8889 FONTAINE BLEAU BLVD 26 8889 FONTAINE BLEAU BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 205 27 205
City & State City & State
23 MIAMI FL 28 MIAMI FL
Zip Country Zip Country
24 33172-6408 25 U.S.A. 29 33172-6408 30 U.S.A.

3. Date Incorporated or Qualified
JUNE 10, 1998

4. FEI Number 65-0846044 Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VICENTE MANUEL
8889 FONTAINE BLEAU BLVD STE 205
MIAMI FL 33172-6408

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P. VICENTE MANUEL
STREET ADDRESS 8889 FONTAINE BLEAU BLVD
CITY-ST-ZIP #205 MIAMI FL 33172-6408
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

*****150.00 *****150.00
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-99

Date

(305) 485-3243

Daytime Phone #