## EN E NOW: EILING EEF AFTER MAY 1 IS \$225 ON

FILE	NOW: FILING FEE A	TIEN WALLI	O 4220.00	_			
	ROFIT	ELORIDA DEPA	RTMENT OF STATE				
	ORATION ( )	Sandra	B. Mortham				
ANNUA	L REPORT	Secret	ary of State				
40	996	DIVISION OF	CORPORATIONS				
				7			
DOCUM 1. Corporation N	lame						
HARDW	ARE ACCESSORIES	INTERNATION	AL, INC				
				İ			
Discipal Plans	( P. vinner	Mailing Address					
Principal Place o	NW 174 TERRACE	-					
_	I, FL 33015	#17					
MIAN	11, FE 55015			3. Date Incorporated or Qualified	3a. Date of	Last Re	port
				4/6/92	199	-	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	<del></del>	A	pplied For
21 4995	nw 79th AVE #112	26		65-0328234		<del></del>	ot Applicable
Suje, Aut, 4	elc. FL 33166-2730	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
22		City & State	,	6. Election Campaign Financing	<del></del>		May Be
City & State		28		Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		unders 1	199.032,
24	25	29	30		☐ No		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered A	jent	
1	ANDRES FLORIT						
	6725 NW 174 TER	RRACE #K	82 Street Add	dress (P.O. Box Number is Not Acceptab	He)		
	MIAMI, FL 3301	15	83				
			<b>84</b> City			85 Zip	Code
•					<u>FL</u>		
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the above named corpliced by the corporation's bo	oration submits this statement for the pul pard of directors. I hereby accept the app	rpose of chan jointment as m	ging its re agistered	egistered offic agent. I am
familiar with	n, and accept the obligations of. Section	on 607.0505, Florida Statute	×s.	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE _	Signature: Goed or printed name of registerest agent a	sent etc. e are acarda.	OTE: Registered Agent signature requ	red when reinstating)	DATE		<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	R\$ IN 12
TITLE P		☐ DELETE	1 1 TITLE			Change	Addition
NAME	ANDRES FLORIT		1.2 NAME				
STHEET ADDRESS	6725 NW TERRA	CE #K	1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI, FL 33	015	1.4 CHTY - ST - ZIP			Change	Addition
TITLE		OELETÉ	2 1 TiTLE		<u> </u>	Onlinge	[_] \u000000
NAMÉ			22 NAME 23 STREET ADDRESS				
STREET ADDRESS			2 4 CITY - ST ZIP				
CITY+\$1-ZIP		DELETE	3 1 TIFLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AUGHESS	·			
City-St-ZiP			3.4 CITY - ST - ZIP			1 Change	Addition
TITLE		☐ DELE1E	4 1 TITLE			] Change	☐ Addition
NAME			4.2 NAME	70000179 -04/23/360113	(1.5%)	7	
STREET ADDRESS	1		4 3 STRLET ADDRESS	***200.00	11022		
CITY ST-ZIP		DELETE	5 1 TITLE			Change	Addition
TITLE		had waren	5 2 NAME				
NAME STREET AUDKESS			5 3 STREET ADDRESS				
CITY-ST-ZiP			54 06 Y - \$1 292				
TITLE		DELETE	6 1 files			] Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. Ldo hereby certify that the information supplied with this hiring is volunted for durished and dues not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplienced englight 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 regionary or dusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or or un attachment with an address

ANDRES FLORIT

593–0150 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prione #

