

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047764

**FILED  
Mar 02, 2016  
Secretary of State  
CC0929210042**

**Entity Name:** ACCOUNTAX ASSOCIATES CORP

**Current Principal Place of Business:**

454 NW 22ND AVE  
STE 199  
MIAMI, FL 33125

**Current Mailing Address:**

454 NW 22ND AVE  
STE 199  
MIAMI, FL 33125 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARQUETTI, HILDA  
454 NW 22TH AVE  
STE 199  
MIAMI, FL 33125 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | P                      | Title           | VP                     |
| Name            | MARQUETTI, HILDA       | Name            | NUNEZ, CARLOS M        |
| Address         | 454 NW 22 AVE, STE 199 | Address         | 454 NW 22 AVE, STE 199 |
| City-State-Zip: | MIAMI FL 33125         | City-State-Zip: | MIAMI FL 33125         |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HILDA MARQUETTI

P

03/02/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date