"'- MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

1. Corporatio	MENT # 508968 CCESS CORPORATION			02-18-1999 90042 012 ^{stratest} 1.	
Principal Plac	e of Business	Mailing Address			DIT DIBIT BIBIT BIBIT BIBIT IBBI
14000 SW 119 MIAMI FL 3318	AVENUE	14000 SW 119 AVENUE MIAMI FL 33186		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
	¥			06/23/1976	ļ.
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1678681	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & Stat	le e	City & State		6-Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year Inta	
24	25	11	30	Personal Property Tax. 10 Name and Address of New Registered A	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	agent
CAS	ANAVE, CHARLES L III				
14000 SW 119 AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
MAIM	MFL 33186		83	ve tribulgarer feets	3. 5 \$1 2 y 1 1 1 1 2 \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			84 City	FI	85 Zip Code
office or r	egistered agent, or both, in the State o	if Florida. Such change was aut	the above-named corp	poration submits this statement for the purpose of con's board of directors. I bereby accept the appoin	changing its registered
SIGNATURE		ons of, Section 607.0505, Floric	da Statutes.		anien as registered
SIGNATURE	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R	la Statutes. tegistered Agent signature require	od when reinstating).	
_		ons of, Section 607.0505, Floric and title if applicable. (NOTE: R	da Statutes.	nd when reinstating) : i i i i i i i i i i i i i i i i i i	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND VSD	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS	da Statutes. tegistered Agent signature require 13.	od when reinstating).	D DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS	ta Statutes. tegistered Agent signature require 13. 1.1 TITLE	nd when reinstating) : i i i i i i i i i i i i i i i i i i	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VSD CASANAVE, CHARLES L 13600 SW 186TH ST MIAMI FL PTD CASANAVE, CHAS L III	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R) D DIRECTORS DELETE	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	nd when reinstating) : i i i i i i i i i i i i i i i i i i	D DIRECTORS IN 12 Change Addition
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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

MASS THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/94

305-238-0012

Daytime Phone #