

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 16 PM 12:38

DOCUMENT # **M08364 (5)**

1. Corporation Name
DATA ACCESS INTERNATIONAL, INC.



Principal Place of Business: ~~C/O CORY B. CASANAVE~~
14000 SW 119 AVE.
MIAMI FL 33186

Mailing Address: ~~C/O CORY B. CASANAVE~~
14000 SW 119 AVE.
MIAMI FL 33186

3. Date Incorporated or Qualified: **11/29/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number: **59-2466339**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CASANAVE, CHARLES L III
14000 SW 119 AVE.
MIAMI FL 33186

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VSD
NAME	CASANAVE, CHARLES L., JR	1.2 NAME	
STREET ADDRESS	13600 S.W. 186TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	D
NAME	CASANAVE, CORY B.	2.2 NAME	
STREET ADDRESS	7820 SW 181 TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	PTD
NAME	CASANAVE, CHARLES L. III	3.2 NAME	
STREET ADDRESS	18441 S.W. 85TH COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	VD
NAME	MEELEY, STEPHEN W	4.2 NAME	
STREET ADDRESS	14532 SW 142 PLACE CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	Vazquez, Deborah
STREET ADDRESS		5.3 STREET ADDRESS	188 Shore Drive South
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Coconut Grove, FL 33133
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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.

SIGNATURE: **Cory B. Casanave**
Date: **9/10/96**
Signature Printed Name of Signing Officer or Director

(305) 238-0012
Division Phone

CR2E034 (12/95)