

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

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95 MAY -1 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000051665

1. Corporation Name

ACCESS SERVICES, INC.

Principal Place of Business Mailing Address  
21000 N.E. 28th Avenue, Same  
Miami, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified July 13, 1994  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0514979		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 Suite 202		27 Suite 202		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Ronald J. Marlowe 2601 S. Bayshore Drive, 19th Floor Miami, FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85			

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 Michael Pardes DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director and President	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Pardes	1.2 NAME	
STREET ADDRESS	21000 NE 28th Ave,	1.3 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	1.4 CITY-ST-ZIP	
TITLE	Director, Vice President	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Self	2.2 NAME	
STREET ADDRESS	21000 NE 28th Ave,	2.3 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	2.4 CITY-ST-ZIP	
TITLE	Director, Treasurer	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Liebowitz	3.2 NAME	X Correction
STREET ADDRESS	21000 NE 28th Ave,	3.3 STREET ADDRESS	21000 NE 28th Ave, #202
CITY-ST-ZIP	Miami, FL 33180	3.4 CITY-ST-ZIP	Miami, FL 33180
TITLE	Director	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Liebowitz	4.2 NAME	X Correction
STREET ADDRESS	21000 NE 28th Ave,	4.3 STREET ADDRESS	21000 NE 28th Ave., Suite 202
CITY-ST-ZIP	Miami, FL 33180	4.4 CITY-ST-ZIP	Miami, FL 33180
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700001473077
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/03/95--01064--021
TITLE		6.1 TITLE	***208.75 ***208.75
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 13. If I change, or am an appointee with an address.

SIGNATURE: Michael Pardes Michael Pardes 4/14/95 (305) 932-2884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #