Not Applicable \$8.75 Additional

□No

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

65-0803287

5. Certifcate of Status Desired

. Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091822

1. Corporation Name

ACCESS USA EXPORT, INC.

Principal Place of Business

Principal Place of Business

FRIED, MARK E

SIGNATURE:

1110 BRICKELL AVENUE

6701 COLLINS AVENUE MIAMI BEACH FL 33141 Mailing Address

6701 COLLINS AVENUE MIAMI BEACH FL 33141

6300

29

9. Name and Address of Current Registered Agent

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90051 033 ***150.00

;								
	DO NOT WRITE IN THIS SP	ACE						
3.,	Date Incorporated or Qualifed							
	10/24/1997							
4,	FEI Number	-	Applied For					

SUITE 700			83				
MIAMI FL 33131				City	FL	FL 85 Zip	
office or r	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of, S	. Such change was aut	norizea by	the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	changing it intment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if a	onlicable /NOTE: F	Registered Ager	nt signature re	quired when reinstating) DATE	·	
12.	OFFICERS AND DIREC	, , , , , , , , , , , , , , , , , , , ,	13.	-	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			Change	☐ Addition
NAME	ZAYTSEV, SERGEY N		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ANALE DITAGE EL GOALA		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	·		☐ Change	☐ Addition
NAME	TCHERKASSOVA, LYOUDMILA		2.2 NAME				
STREET ADDRESS			2.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		2. 4 CITY-S	ST- ZIP			
TITLE		DELETE	.3.1.TTLE_			Change	Addition
NAME			3.2 NAME		·		
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP		<u> </u>	
TITLE	-	□ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		,		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS .	•		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE	1	•	☐ Change	Addition
NAME			6.2 NAME	j			
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

Country

30

SA

Name

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 enjoual 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.