FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051665

1. Corporation Name
ACCESS SERVICES, INC.

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

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
21	26
Suite, Apt. #, etc. 22: Suite 202	Suite, Apt. #, etc. 27: Suite 202
City & State 23:	City & State 28:
Zip 24: / County 25:	Zip 29: / County 30:

4. FEI Number: 65-0514979 — 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	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 Zip Code

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
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director and President	11 TITLE		☒ Change ☐ Addition
NAME	Michael Pardes	12 NAME		
STREET ADDRESS	21000 NE 28th Ave,	13 STREET ADDRESS	Suite 202	
CITY-ST-ZIP	Miami, FL 33180	14 CITY-ST-ZIP		
TITLE	Director, Vice President	21 TITLE		☒ Change ☐ Addition
NAME	Michael Self	22 NAME		
STREET ADDRESS	21000 NE 28th Ave,	23 STREET ADDRESS	Suite 202	
CITY-ST-ZIP	Miami, FL 33180	24 CITY-ST-ZIP		
TITLE	Director, Treasurer	31 TITLE	Director, Treasurer	☒ Change ☐ Addition
NAME	Howard Liebowitz	32 NAME	Howard Markowitz	X Correction
STREET ADDRESS	21000 NE 28th Ave,	33 STREET ADDRESS	21000 NE 28th Ave, #202	
CITY-ST-ZIP	Miami, FL 33180	34 CITY-ST-ZIP	Miami, FL 33180	
TITLE	Director	41 TITLE	Director, Vice Pres.	☒ Change ☐ Addition
NAME	Ted Liebowitz	42 NAME	Ted Liebowitz	X Correction
STREET ADDRESS	21000 NE 28th Ave,	43 STREET ADDRESS	21000 NE 28th Ave., Suite 202	
CITY-ST-ZIP	Miami, FL 33180	44 CITY-ST-ZIP	Miami, FL 33180	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	700001473077	
CITY-ST-ZIP		54 CITY-ST-ZIP	-05/03/95--01064--021	
TITLE		61 TITLE	****208.75	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Michael Pardes — Michael Pardes — 4/11/95 — (305) 932-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #