

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L37450** (8)

1. Corporation Name
MULTIACCESS CORPORATION



Principal Place of Business: **8260 N.W. 68TH STREET MIAMI FL 33166**
Mailing Address: **8260 N.W. 68TH STREET MIAMI FL 33166**

3. Date Incorporated or Qualified: **12/20/1989**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business: **21 3000 NW 72nd Ave**
2a. Mailing Address: **26 3000 NW 72nd Ave**

4. FEI Number: **65-0163569**
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
23. City & State: **Miami, Florida**
27. Suite, Apt. #, etc.:
28. City & State: **Miami, Florida**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **33122** 25. Country:
29. Zip: **33122** 30. Country:

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

**MASELLIS, BARTOLOME
10150 NW 54TH TER
MIAMI FL 33178**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. **10415 N.W. 56th Terrace**
84. City: **Miami** FL 85. Zip Code: **33178**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MASELLIS, BARTOLOME	
STREET ADDRESS	10415 NW 56TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MASELLIS, YOLEYDA M.	
STREET ADDRESS	10415 NW 56TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ALBERTO	
STREET ADDRESS	8260 NW 68TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3400 NE 192 Street, #506
3.4 CITY-ST-ZIP	Aventura, Florida 33180
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 I changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Yoleyda Masellis** Date: **03/11/96** Daytime Phone #: **305/592-7335**

CR2E034 (12/95)