

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L37450 (8)
 1. Corporation Name
MULTIACCESS CORPORATION



Principal Place of Business 3000 NW 72ND AVENUE MIAMI FL 33122 US	Mailing Address 3000 NW 72ND AVENUE MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Mailing Address Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30
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3. Date Incorporated or Qualified 12/20/1989	
4. FEI Number 65-0163589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MASELLIS, BARTOLOME
10415 NW 58TH TERRACE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	One S.E. Third Avenue
83	Suite 960
84 City	Miami
85 Zip Code	FL 33131

11. Pursuant to the provisions of Sections 607.0802 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MASELLIS, BARTOLOME	
STREET ADDRESS	10415 NW 58TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MASELLIS, YOLEYDA M.	
STREET ADDRESS	10415 NW 58TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ALBERTO	
STREET ADDRESS	3400 NE 192 STREET #508	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	One S.E. Third Ave. - Suite 960
1.4 CITY-ST-ZIP	Miami - FL - 33131
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	One S.E. Third Ave. - Suite 960
2.4 CITY-ST-ZIP	Miami - FL - 33131
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	One S.E. Third Ave. - Suite 960
3.4 CITY-ST-ZIP	Miami - FL - 33131
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:  **Yoleyda Masellis** **02/10/98** **305/592-7335**

CR2E034 (10/97)