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

APPROVED AND FILED
95 APR 27 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047957 (4)

1. Corporation Name
ACCESSPLUS, INC.

Principal Place of Business	Mailing Address
7880 NORTH UNIVERSITY DRIVE SUITE 100 TAMARAC FL 33321	7880 NORTH UNIVERSITY DRIVE SUITE 100 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0444050 ☐ 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

MARULANDA, CARLOS S
7880 NORTH UNIVERSITY DRIVE
SUITE 100
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	MARULANDA, CARLOS S	1.2 NAME	MARULANDA, CARLOS A.	
STREET ADDRESS	3760 INVERRARY DRIVE, N3P	1.3 STREET ADDRESS	668 STANTON DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE	DO	2.1 TITLE		☐ Change ☐ Addition
NAME	MARULANDA, PABLO A.	2.2 NAME		
STREET ADDRESS	18444 N.W. 9TH COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	33029	
TITLE	DO	3.1 TITLE		☐ Change ☐ Addition
NAME	MARULANDA, CESAR A.	3.2 NAME		
STREET ADDRESS	694 STANTON DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	33326	
TITLE	PDO	4.1 TITLE	P/D/O	☐ Change ☐ Addition
NAME	MARULANDA, EDGAR	4.2 NAME	MARULANDA, EDGAR	
STREET ADDRESS	3760 INVERRARY DRIVE #N3P	4.3 STREET ADDRESS	2684 RIVIERA COURT	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33332	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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: _____ CARLOS A. MARULANDA 4-17-95 (305)722-2837
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0226317 CP