

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000047957 (4)

1. Corporation Name
ACCESSPLUS, INC.

Principal Place of Business

500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394

Mailing Address

500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394-3095



2. Principal Place of Business

21 Suite, Apt. #, etc. 920

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc. 920

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0444050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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 A
500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

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

83

Suite: 920

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

Signature typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE DO ☐ DELETE

NAME MARULANDA, CARLOS S
STREET ADDRESS 668 STANTON DRIVE
CITY- ST- ZIP FT LAUDERDALE FL 33326

TITLE DO ☐ DELETE

NAME MARULANDA, PABLO A.
STREET ADDRESS 18444 N.W. 9TH COURT
CITY- ST- ZIP PEMBROKE PINES FL 33029

TITLE DO ☐ DELETE

NAME MARULANDA, CESAR A.
STREET ADDRESS 694 STANTON DRIVE
CITY- ST- ZIP FT. LAUDERDALE FL 33326

TITLE DO ☐ DELETE

NAME ZACARIAS, CRUZ
STREET ADDRESS 3951-B COCLUM CIR
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE DO ☐ DELETE

NAME Marulanda, Edgar Alfredo
STREET ADDRESS 812 Sand Creek Circle
CITY- ST- ZIP Fort Lauderdale FL 33327

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

2556 Jardin Lane

Fort Lauderdale, FL 33327

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0292006

04-28-97 (954) 453-0206

CR2E034 (9/96)