

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

FILED
May 15 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 # P93000047957 (4)

1. Corporation Name
ACCESSPLUS, INC.



Principal Place of Business 500 E. BROWARD BLVD. STE #920 FT. LAUDERDALE FL 33394 US	Mailing Address 500 E. BROWARD BLVD. STE #920 FT. LAUDERDALE FL 33394 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 983 N. NOB HILL RD Suite, Apt. #, etc.		2a. Mailing Address 26 983 N. NOB HILL RD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1993	
22 City & State 23 PLANTATION, FL Zip 24 33324 Country 25 US		27 City & State 28 PLANTATION, FL Zip 29 33324 Country 30 US		4. FEI Number 65-0444050 Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARULANDA, PABLO 500 E. BROWARD BLVD. STE #920 FT. LAUDERDALE FL 33394				10. Name and Address of New Registered Agent 81 Name MARULANDA, PABLO A. 82 Street Address (P.O. Box Number is Not Acceptable) 983 N. NOB HILL RD. 83 84 City PLANTATION FL 85 Zip Code 33324			
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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  Pablo Marulanda J.P. 04-28-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DO	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARULANDA, PABLO A.			1.2 NAME			
STREET ADDRESS	2556 JARDIN LANE			1.3 STREET ADDRESS	983 N. NOB HILL RD.		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	O	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACARIAS, CRUZ			2.2 NAME			
STREET ADDRESS	3951-B COCLUM CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33063			2.4 CITY-ST-ZIP			
TITLE	DO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAIGIN, KENNETH S			3.2 NAME			
STREET ADDRESS	6623 RACQUET CLUB DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33319			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 registered 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  Pablo Marulanda J.P. 04-28-98

CR2E034 (10/97)