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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P94000029302 (4)

ACCESSO U.S.A, INC.

Principal Place of Business 6187 NW 167 ST UNIT H-12 MIAMI FL 33015 US		Mailing Address 6187 NW 167 ST UNIT H-12 MIAMI FL 33015-4335 US		3. Date Incorporated or Qualified 38. Date of Last Report	
				04/18/1994	02/27/1996
2. Principal P	race of Business	2a. Mailing Address 26		4. FEI Number 65-0489686	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stali	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25		Country 30		Yes No
	9. Name and Address of Current	Registered Agent	041 11	10. Name and Address of New Re	gistered Agent
	SIANO, CELSO		81 Name		
ľ	7 NW 167 ST. T H-12		82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
	MI FL 33015		83		
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE:	registered agent, or beth, in the State on the small and proceed the obligation of the state of	of Florida. Such change was a cons of, Section 607,0505, Florida of the it applicable INOTE	authorized by the corpora prida Statutes. I E Repistered Agent signature requ		of the appointment as registered //28/9+ DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
THLE	SOARES, LUIZ	□ nerese	1.1 TITLE		Change
NAME.	6187 NW 167 ST. UNIT H-12		1.2 NAME		
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	D	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SOARES, ANGELA	C. J DEELIE	2.2 NAME		Lii onungo Lii vaanoon
STREET ADDRESS	6187 NW 187 ST. UNIT H-12		2.3 STREET ADDRESS		
	MIAMI FL		2 4 CITY+ST-ZIP		
CITY-ST-7IP TITLE	P	DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CASSIANO, CELSO		32 NAME		<u>-</u> — ·
STREET ADDRESS	6187 NW 167 ST UNIT H-12		3 3 STREET ADDRESS		
CITY - SI - ZIP	MIAMI FL		3.4. CITY-ST-ZIP		ļ
THLE		DELETE	4.1 TITLE	——————————————————————————————————————	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST-ZIP		
TIFLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
City+ST-7IP			5.4 CITY-ST-ZIP		·
TITLE		DELETE	6.1 TITLE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 03 1997 8:00am

Secretary of State

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