May 05, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011650

ACCESS USA LAWYER, INC.

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Principal Place of Business Mailing Address 561 NORTHEAST 79TH STREET, SUITE 237 561 NE 79TH ST												
561 NORTHEAS												
MIAMI FL 3313	8	Suite 235 Miami Fl 33138					DO NOT WRITE IN THIS SPACE					
US						3.	3. Date Incorporated or Qualifed					
							02/10/1995					
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		$-\tau$	Appli	ed For	
21 26							65-0555767			Not A	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 Add			ditional	
27							Certifcate of Status Desired	Fee Re			iired	
City & State City & State						6	6. Election Campaign Financing 55.				00 May Be	
23 28							Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry		8	This corporation owes the curr	ent year Int				
24	25 29 30			·			Personal Property Tax. Yes No					
	9. Name and Address of Curr	ent Registered Agent				10	Name and Address of New I	Registered	Agent			
A 1.45°	DII AMVED			81	Name							
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street A	Address (I	dress (P.O. Box Number is Not Acceptable)					
	AL GABLES FL 33134			83								
				84	City				85 Z	ip Cod	de	
				<u></u>				FL	<u> </u>			
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida State	tutes, the a	bave Lhv	e-named of	corporation	on submits this statement for the loard of directors. I hereby accei	purpose of of the appoin	changing ntment as	its rej regis	gistered tered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	Florida Stati	utes	·	J. G. G. G. G.	iodia di dilatata i i ilata ji daga	prono appan				
SIGNATURE		_										
	Signature, typed or printed name of registered a		OTE: Registered	Agen	t signature re		reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIOCC	TOD(2 (5) 12	
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	Chang		Addition	
TITLE	P COMPANIANT AND A PART A	[] here is	1.1 ΤΙ		ļ				Cuant	1c		
NAME BROWN, SHARON A STREET ADDRESS 561 NORTHEAST 79TH STREET, SUITE 237				1.2 NAME		ļ						
STREET ADDRESS		E1, SUITE 23/			ADDRESS							
CITY-ST-ZIP	MIAMI FL 33138				1.4 CITY-ST-ZIP 2.1 TITLE				Chang		Addition	
TITLE	☐ DELETE								∐ Chan	Je	Addition	
NAME (2.2 NA		1						}	
STREET ADDRESS					STREET ADDRESS							
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TITLE	☐ DELETE			3.1 TITLE					Chang	ia.	☐ Addition	
NAME			3.2 NA		İ						İ	
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NAME			4.2 N		\ \	Ì					1	
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NAME			5.2 Ns		Ì	Ì						
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TITLE		☐ DELETE	6.1 Tr	ſΈ					Chang	ge	Addition	

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS