

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

FILED

Apr 18 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 # P95000017597 (2)

1. Corporation Name

Market Access International, Inc.

Principal Place of Business 1000 Brickell Ave. Suite 630 Miami, FL 33131	Mailing Address 1000 Brickell Ave. Suite 630 Miami, FL 33131
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2. Principal Place of Business 21 1541 Brickell Avenue Suite, Apt. #, etc. 22 Suite #C2206 City & State 23 Miami, FL Zip 24 33129	2a. Mailing Address 26 1541 Brickell Ave. Suite, Apt. #, etc. 27 Suite #C2206 City & State 28 Miami, FL Zip 29 33129
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3. Date Incorporated or Qualified 03/01/95	3a. Date of Last Report 03/01/96
4. FEI Number 65-0564317	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Alonso, Luisa 1541 Brickell Ave. Suite C2206 Miami, FL 33129	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V/	NAME Garces, Carlos	1.1 TITLE V/	NAME Garces, Carlos
STREET ADDRESS 1000 Brickell Ave. Suite 630	CITY-STATE-ZIP Miami, FL 33131	1.2 NAME 1541 Brickell Ave. Ste.#C2206	1.3 STREET ADDRESS Miami, FL 33129
CITY-STATE-ZIP Miami, FL 33131	CITY-STATE-ZIP Miami, FL 33129	2.1 TITLE V/S/P/T	NAME Alonso, Luisa
TITLE V/S/	NAME Alonso, Luisa	2.2 NAME 1541 Brickell Avenue, Ste.#C2206	2.3 STREET ADDRESS Miami, FL 33129
STREET ADDRESS 1000 Brickell Ave. Ste 630	CITY-STATE-ZIP Miami, FL 33131	2.4 CITY-STATE-ZIP Miami, FL 33129	3.1 TITLE
CITY-STATE-ZIP Miami, FL 33131	CITY-STATE-ZIP Miami, FL 33131	3.2 NAME 	3.3 STREET ADDRESS
TITLE P/T	NAME Perrino, Pedro	3.4 CITY-STATE-ZIP 	4.1 TITLE
STREET ADDRESS 1000 Brickell ave. Suite 630	CITY-STATE-ZIP Miami, FL 33131	4.2 NAME 	4.3 STREET ADDRESS
CITY-STATE-ZIP Miami, FL 33131	CITY-STATE-ZIP 	4.4 CITY-STATE-ZIP 	5.1 TITLE
TITLE 	NAME 	5.2 NAME 	5.3 STREET ADDRESS
STREET ADDRESS 	CITY-STATE-ZIP 	5.4 CITY-STATE-ZIP 	6.1 TITLE
CITY-STATE-ZIP 	CITY-STATE-ZIP 	6.2 NAME 	6.3 STREET ADDRESS
TITLE 	NAME 	6.4 CITY-STATE-ZIP 	
STREET ADDRESS 	CITY-STATE-ZIP 		
CITY-STATE-ZIP 	CITY-STATE-ZIP 		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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:  **Luisa Alonso** **04/15/97** **(305)373-4400**

CR2E034 (9/96)