

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90052 029 ***150.00

DOCUMENT # P95000017597

1. Corporation Name

MARKET ACCESS INTERNATIONAL, INC.

Principal Place of Business

1541 BRICKELL AVENUE
SUITE #E2206
MIAMI FL 33129

Mailing Address

1541 BRICKELL AVENUE
SUITE #E2206
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

65-0564317

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1541 BRICKELL AVE

Suite, Apt. #, etc.

22 C 2206

City & State

23 MIAMI, FL

24 33129

Country

2a. Mailing Address

26 1541 BRICKELL AVE

Suite, Apt. #, etc.

27 C 2206

City & State

28 MIAMI, FL

29 33129

Country

9. Name and Address of Current Registered Agent

ALONSO, LUISA
1541 BRICKELL AVENUE
SUITE C-2206
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name PEDRO PERRINO

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

1541 BRICKELL AVENUE

83 C-2206

84 City MIAMI

85 FL

Zip Code 33129

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME GARCES, CARLOS
STREET ADDRESS 1541 BRICKELL AVENUE STE. #C2206
CITY-ST-ZIP MIAMI FL 33129

TITLE VSPT ☒ DELETE

NAME LUISA, ALONSO
STREET ADDRESS 1541 BRICKELL AVENUE STE. #C2206
CITY-ST-ZIP MIAMI FL 33129

TITLE V ☐ DELETE

NAME PERRINO, PEDRO
STREET ADDRESS 1541 BRICKELL AVENUE STE. #C2206
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO PERRINO

Date

Daytime Phone #

4/15/99 (305) 373-4400

0183724

CR2E034 (11/98)