	Address	
City/State	/Zip Phone #	500002363225- -12/04/37010881 *****35.00 ******* Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER(S)	(if known):
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Walk in Mail out MEW FILINGS Profit	Pick up time O Will wait Photocopy O AMENDMENTS Amendment	Certified Copy Certificate of Status SECRE TALLAH
Walk in Mail out MEW FILINGS Profit NonProfit	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director	Certified Copy Certificate of Status SECRETAR TALLAHASS
Walk in Mail out MEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	Certified Copy Certificate of Status SECRETAR TALLAHASS
Walk in Mail out MEW FILINGS Profit NonProfit	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal	Certified Copy Certificate of Status SECRETAR TALLAHASS
Walk in Mail out MEW FILINGS Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	Certified Copy
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Examiner's Initials

CR2E031(1/95)

BECKER & POLIAKOFF, P.A.

500 Australian Avenue South, 9th Floor West Palm Beach, Florida 33401

Phone: (561) 655-5444 Fax: (561) 832-8987 FL Toll Free: (800) 462-7783 Internet: http://www.becker-poliakoff.com

Reply To:

West Palm Beach

Florida Offices

Administrative Office: 3111 Stirling Road Ft. Lauderdale, FL 33312 FL Toll Free: (800) 432-7712

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Bern, Switzerland

December 1, 1997

Sandra B. Mortham Secretary of State Florida Department of State Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

RE: AFTEC, INC.

AFTEC PROP., INC.

ACCESS/INTERNATIONAL, INC.

ACCESS/ITS, INC. ACCESS/IRS, INC.

ACCESS/IRS, PROP., INC.

ACCESS/PRO:CON, INC.

ACCESS INTERNATIONAL GROUP, INC.

ACCESS INTERNATIONAL COMMUNICATIONS, INC.

Dear Ms. Mortham:

Enclosed please find fully-executed Statements of Change of Registered Office or Registered Agent or Both for Corporations for each of the above-listed corporations. Also, enclosed is our Firm checks, each in the amount of \$35.00, for payment of the fee for each corporation.

If you have any questions or require further information, please contact me.

DANIEL S. ROSENBAUM

truly your

For the Firm DSR/pkm

Enclosures

cc: John P. Foss (w/enclosures)
116277

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. ACCESS/IRS, INC. 1a. The name of the corporation is: _ 1b. The mailing address of the corporation is: 370 W. CAMINO GARDENS BLVD SUITE 108, BOCA RATON, FL 33432 P95000021851 Document number: 1c. Date of incorporation: 03/17/95 The name and address of the current registered agent and office: DANIEL S. ROSENBAUM BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVENUE SOUTH NINTH FLOOR WEST PALM BEACH FL 33401 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVENUE SOUTH, NINTH FLOOR WEST PALM BEACH, FL 33401 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Signature of an officer, chairman or P. FOSS, PRESIDENT (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. ignature of Registered Agent) liksigning on behalf of BY: ITS DIRECTOR/SHAREHOLDER (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)