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 # P95000057236

EDBROOKE/STELCNER AND ASSOCIATES, INC.

Billion Address

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90002 028 ***150.00



Principal Place	or Business	Mailing Address				
201 ALHAMBRA CIRCLE		201 ALHAMBRA CIRCLE				
SUITE 705		SUITE 705			DO NOT WRITE IN THIS SPACE	
CORAL GABLES FL 33134		CORAL GABLES FL 331	34			
					3. Date Incorporated or Qualifed	
					07/25/1995	4
=2.=Principal:Pl	ace of Business	2aMailing Address			4 FEI Number Applied For	4=
21	•	26			65-0600166 Not Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Desired	
City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be	
		28			Trust Fund Contribution : Added to Fees	
Zip	Country Zip		Cou	ntry	8. This corporation owes the current year Intangible	
	25		29 30		Personal Property Tax. Yes No	
24	9. Name and Address of Currer		130		10. Name and Address of New Registered Agent	7
	9. Name and Address of Corre	III Vefizieien Affair		81 Name		7
COR	DODATE ACCESS INC			112	·	_
CORPORATE ACCESS, INC.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	1
	-D THOMASVILLE ROAD					4
TALL	AHASSEE FL 32303			83		
	· .			84 City	85 Zip Code	┨
				84 City	FL 2 2 2 2 2 2 2 2 2	
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Sta	tutes, the a	pove-named cor	rporation submits this statement for the purpose of changing its registered	٦
office or re	edictored agent or both in the State	of Florida, Such chande Wa	s autnonzec	by the corborat	tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stati	ites.	•	
SIGNATURE		All All	OTC: D !	A	red when reinstating) DATE	ì
	Signature, typed or printed name of registered age		13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┪
12.		ND DIRECTORS	1.1 TI	7.5	Change Addition	╗
TITLE	PSTD	C) DECE IE				
NAME	FERNANDEZ, LISSETTE		1.2 N	ME		
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUIT	TE 705	1.3 \$1	REET ADDRESS	•	
CITY-ST-ZIP	CORAL GABLES FL 33134		1,4 CI	TY-ST-ZIP		4
TITLE	-	☐ DELETE	2,1 ΤΤ	LE	Change Addition	'
NAME			2.2 N	ME		- }
STREET ADDRESS	gent at the same to the same 		238	REET ADDRESS		
	•			TY-ST-ZIP		1
CITY-ST-ZiP		☐ DELETE	3.1 TI		Change Addition	٦
TITLE					_ · · ·	
NAME	•		3.2 N			ĺ
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NAME			4. 2 N	AME		
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1				TY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 Î		☐ Change ☐ Addition	าไ
)			5.2 N			
NAME	-			REET ADDRESS	·	
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP	☐ Change ☐ Addition	+
TITLE		☐ DELETE		j	☐ Change ☐ Addition	.1
NAME			6.2 N	WE		1
STREET ADDRESS			6.3 S	REET ADDRESS		ļ
OTTL OT TO	· ·		6.4 C	TY-ST-ZiP		1

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 appears, with all other like empowered.

SIGNATURE:

305)445-1010