

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067295 (2)

1. Corporation Name

ACCESS RESOURCES, INC.



Principal Place of Business

19550 CYPRESS COURT
HIALEAH FL 33015

Mailing Address

19550 CYPRESS COURT
HIALEAH FL 33015

2. Principal Place of Business

21 Suite, Apt., n., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt., n., etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

4. FEI Number

65-0613705

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KORENSTEIN, HAROLD
19550 CYPRESS COURT
HIALEAH FL 33015

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person submitting this report to the Department

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME KORENSTEIN, HAROLD
3. STREET ADDRESS 19550 CYPRESS COURT
4. CITY-ST-ZIP HIALEAH FL 33015

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Harold Korenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 18, 1996

305-470-8383
Division Phone #

CR2E034 (12/95)