SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ACCEDE CYMERCY INC

ACCESS STRENGT, INC.		Aa ling Address
Principal Place of Business	Ma ling Address	
13246 S.W. 43RD LANE MIAMI FL 33175	13246 S.W. 43RD LANE MIAMI FL 33175	



Principal Place	of Business	Ma ling Address					0000 111 60 117 90 1 90	ļI
13246 S.W. 43		13246 S.W. 43RD LANE						
MIAMI FL 33175 MIAMI FL 33175				3. Date Incorporated or Qualified 12/27/1995	3a. Date	of Last Report		
• Original Ou	ace of Business	2a, Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	- L	Applied Fo	O'
_	ace or business	26	├ ─¬		65-0633/39	Not Applicable		
Suite, Apt #	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\Box	\$8.75 Addition	ıal
			s. Continuates of change and		Fee Required			
City & State City & State				3 . 2.00.00			May Be	
3		28	Count		Trust Fund Contribution 8. This corporation has liability for a	ntanoible t	Added to Fees	
Zip Ti	Country	Ζφ	30	ı y	Florida Statules	Yes T	No	
4]	9. Name and Address of Currer	29 Agent	[30]		10. Name and Address of New Re	gistered A	genl	
		it riegistered Agent	8	1 Name				
	ACER, FELIX		يًا ا	Street Add	lress (P.O. Box Number is Not Acceptate	le)		
	246 S.W. 43RD LANE		`	June Aud	1033 (7.0. 004 770 710 710 710 710 710 710 710 710 710			
MI	AMI FL 33175		Ē	33				
			5	34 City			85 Zip Code	
				1	noration submits this statement for the patient's board of directors. Thereby accept	<u>FL</u>		
SIGNATURE	······································	ND DIRECTORS	13.		and when recently (i) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTORS IN 12	2 Addit or
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NAME	PLACER, FELIX		1 2 NAM	···				
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NAME	PLACER, AURORA 1 13246 S.W. 43RD LANE			RELI ADDRESS				
STREET ADDRESS	MIAMI FL 33175			TY - ST - ZIP				
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NAME			4 2 NJ					
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TITLE			6.2 N	ļ				
NAME STREET ADDRESS				TREET ADDRESS				
_				ITY-ST ZIP				
CITY-ST-ZIP					able for the exemption stated in Section	119 07(3)(k) Florida Stalutes	s I

14. It do hereby certify that the information surprifurther certify that the information indigeted of made under oath, that I am an other or that my name appears in Block 12 or that my name appears in Block 12 or that with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I surrough report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if a proportion or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutus, and d, or on an attachment with an address

SIGNATURE:

WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR