FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000046220 (5)

USACCESS, INC.

Principal Place of Business

Mailing Address

9500 SOUTH DADELAND BLVD., SUITE 710 MIAMI FL 33156

9500 SOUTH DADELAND BLVD., SUITE 710 MIAMI FL 33156

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

								05/23/1996				
2. Principal Pl	lace of Busine	ess	2a. Mailing Address					4. FEI Number		Ar	oplied For	
21			26					65-0680025		No	ot Applicable	
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22			27					G. Germone of States posited		Fee Re	guired	
City & State	€		City & State					6. Election Campaign Financing		\$5.00	Мау Ве	
23			28					Trust Fund Contribution		Added	to Fees	
Zip		Country	Zip Cot			ountry		8. This corporation owes or has pa	_			
24		25	29 30			Personal Property Tax due June 30. Yes No			_ No			
Name and Address of Current Registered Agent								10. Name and Address of New Re	gistered /	Agent		
LOUIS M. HILLMAN-WALKER							Name					
901 PONCE DE LEON BLVD., SUITE 502						82 Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134												
						83						
						-	City	FI 85 Zip Code				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab							named como	ration submits this statement for the n		changing it	s 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 Storature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	D	D		DELETE	1,1 TITLE					Change	☐ Addition	
NAME	BARBACI	HANO, HANS T			1,2 NAME						J	
STREET ADDRESS		62ND AVE.			1.3 STREET	T AD	DRESS				ĺ	
CITY-ST-ZIP	MIAMI FL					1.4 CITY - ST-ZIP					ì	
TITLE				DELETE	2,1 TITLE					Change	☐ Addition	
NAME					2.2 NAME					_	ŧ	
STREET ADDRESS	ss				2.3 STREET		ODRESS					
CITY-ST-ZIP					2, 4 CITY-		l l					
TITLE				DELETE	3.1 TITLE	<u> </u>	-			Change	Addition	
NAME				_	3,2 NAME		1			•		
STREET ADDRESS						3.3 STREET ADDRESS						
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i					4.4 CITY - S							
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STREET ADDRESS							1					
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CITY - S 6.1 TITLE	51-4	LIP .			Change	Addition	
i			,		1					v.angs	residiffi	
NAME					6.2 NAME		2220					
STREET ADDRESS					6,3 STREET		1				ļ	
City-SI-ZiP	ortification ties	information committed with	thic filing day	o not qualify for	6.4 CITY-S	5T-2	n stated in Sa	ection 119 07/3Vi). Florida Statutos 1	orther co	tify that the	Information	
14. Thereby certify that the information supplied with this filling 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 suppliemental 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.												
officer or d Block 12 o	lirector of the or Block 13 if	corporation or the receive	er of trustee e ment with an a	impowered to ex address.	kecute this	rep	oort as require	ed by Chapter 607, Florida Statutes; a	and that m	ny name app	ears in	