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

CORPORATION ANNUAL REPORT



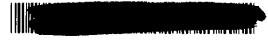
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P970000 8/162 1. Congression Name AC CESS TEL ECOMMUNICATIONS, INC.

FILED	
May 14 1998 8:00a	m
Secretary of State	



							7	
	ce of Business	Mailing Address c/o	NOF	YAN PAVE	2//			
3890 NW 132 ND 200 South Biscaine			une					
Principa Place of Business 3890 NW 132ND Street Opa Locka, Florida Mailing Address 0/0 Norman Pauxil 200 South Biscayne Blid., Suite 2100 Miani, Florida 33131			DO NOT WRITE IN THIS SPACE					
Doa	OpaLocka, Florida Miani, Florida 33131			3. Date Incorporated or Qualified				
M, ami, Florida 33/3/			09/18/1997					
2. Principa F	Pace of Business	2ii. Mailing Address			4. FEI Number	F	Applied For	
21 26				65.078/735	1	Not Applicable		
Suite Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional		
27			5. Germonie or dialos besned	Fee F	Required			
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23 Zip			Country	Trust Fund Contribution				
24	25	29 J	30	b. This corporation over at this paid the co			current year Intangible	
[57]	9. Name and Address of Curren		30]		10, Name and Address of New Registe			
NORM		·	81	Name				
NORMAN HOWELL								
aco	South Biscogne A		82	Street Add	dress (P.O. Box Number is Not Acceptable)		i	
QUO SONTA BISCAGNE BLUT. SUITE 2100 Miami, Florida 33131			83					
Miah	11, plovida 33131		84	City		lee 2:	Code	
	·		04	City		FL B5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607 1508, Florida Statute	s, the above	e-named cor	rporation submits this statement for the purpo	se of changing	its registered	
agent. I a	am familiar with, and accept the obligation	tions of, Section 607,0505, Flor	rida Statutes	r the corpora 3.	ation's board of directors. I hereby accept the	appointment a	s registered	
SIGNATURE								
	Signature, typed or printed name of registered ager			ent signature requ		ME		
12.	NORMAN POWELL	DELETE	13.	· ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
NAME	MORATING FOWERS		1.2 NAME			L.J Ollarige		
STREET ADDRESS	200 S. Biscayne ZX Suite 2100 Manyi, Fluida 3212	D.	1.3 STREET	Annerec],	
CITY-S1-ZIP	Mileni Fluida 3318		14 CITY-ST-ZIP];	
TITLE		DELETE	2) TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addit on	
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY - 5	ST-ZIP			}	
TITLE		DELETE	3.1 TITLE		***	☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS			1	
CITY-ST-ZIP			3.4 CITY-5	T - ZIP				
TITLE		∐ DELETE	4.1 TITLE			Change	Addition	
NAME	1 1		4. 2 NAME					
STREET ADORESS	<u> </u>		4.3 STREET ADDRESS					
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NAME		(") peffic	5.1 TITLE 5.2 NAME		200002528 -05/19/9801031-	Change	Addition	
STREET ADDRESS				ADDRESS	-05/19/9801031	045		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		***150.D0			
TITLE		DELETE	6 1 THLE	(* 4IF		Change	Addition	
NAME			62 NAME			- Sumigo	A/\	
STREET ADDRESS			63 STREET	ADDRESS			1/1/V	
CITY-ST-ZIP		•	6.4 City-St-ZiP				12/1	
14 barabu	and the short store that are the		5.,0,11 5	1			•	

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 armual 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 trustree explowered 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.