

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90161 015 \*\*\*150.00

DOCUMENT # P97000081162

1. Corporation Name

ACCESS TELECOMMUNICATIONS, INC.

Principal Place of Business

3890 NW 132ND STREET  
OPA LOCKA FL 33054

Mailing Address

C/O NORMAN POWELL  
200 SO. BISCAYNE BLVD., STE 2100  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

65-0781735

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 320 Grand Concourse  
Suite, Apt. #, etc.

2a. Mailing Address

26 320 Grand Concourse  
Suite, Apt. #, etc.

City & State

23 Miami, Florida

24 33138 25 USA

City & State

28 Miami, Florida

29 33138 30 USA

9. Name and Address of Current Registered Agent

POWELL, NORMAN C  
200 S BISCAYNE BLVD  
SUITE 2100  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

NORMAN C. POWELL

82 Street Address (P.O. Box Number is Not Acceptable)

201 South Biscayne Blvd., Suite 3250

83

84 City

Miami

FL

85 Zip Code

33138

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 607.0505, Florida Statutes.

SIGNATURE *Norman Powell* NORMAN C. POWELL

4/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NORMAN POWELL  
STREET ADDRESS 200 S BISCAYNE BLVD, STE 2100  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME NORMAN C. POWELL

1.3 STREET ADDRESS 320 Grand Concourse

1.4 CITY-ST-ZIP Miami Shores, Florida 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

*Norman Powell* NORMAN C. POWELL

4/30/99 (305) 577-4223

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/98)