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

06-10-1999 90021 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000100116

1. Corporation Name

ACCESS DISTRIBUTORS INC



Principal Place of Business

ACCESS DISTRIBUTORS INC
 2421 SW 84TH TERRACE
 MIRAMAR FL 33025

Mailing Address

ACCESS DISTRIBUTORS INC
 2421 SW 84TH TERRACE
 MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

NOVEMBER 20, 1997

4. FEI Number

74 2865 384

Applied For

Not Applied

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 2421 SW 84TH TERRACE

28 MIRAMAR FLORIDA

29 33025

30 USA

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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

9. Name and Address of Current Registered Agent

LES L MOORE
 3430 NW 16TH ST. STE 10
 LAUDERHILL, FL 33311

10. Name and Address of New Registered Agent

81 Name SONIA WILLIAMS
 82 Street Address (P.O. Box Number is Not Acceptable) 2421 SW 84TH TERRACE
 83
 84 City MIRAMAR FL 85 Zip Code 33025

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	SONIA WILLIAMS
STREET ADDRESS	2421 SW 84TH TERRACE
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	KICARDO HYLTON
1.4 CITY-ST-ZIP	2421 SW 84TH TERRACE MIRAMAR FLORIDA 33025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *[Signature]* DATE: 4/30/99 DAYTIME PHONE #: 9544301008