


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

APPROVED
AND
FILED
1999 JUN 25 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000015268 Corporation Name Easy Access Intercontinental Inc.		

1. Place of Business 8592 NW 8 street Miami FL 33126	2. Mailing Address 2100W 76 street suit 406 Hialeah FL 33066
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/16/98	4. FEI Number 650814737	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Place of Business 9771 NW 44 terr. Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33178	Zip
Country USA	Country

8. Name and Address of Current Registered Agent

Florida Incorporations Inc.
1221 Brickellave STE 900
Miami FL 33131 US.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retaining)

OFFICERS AND DIRECTORS		13.
1. NAME D Hsu, Kang	<input type="checkbox"/> DELETE	1.1 TITLE
1.2 HOME ADDRESS #4 Lane 65, pao-Hsing Rd	<input type="checkbox"/> DELETE	1.2 NAME
1.3 CITY-STATE-ZIP Hsin-Tien city, Taiwan R.O.C	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE
	<input type="checkbox"/> DELETE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE
	<input type="checkbox"/> DELETE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE
	<input type="checkbox"/> DELETE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE
	<input type="checkbox"/> DELETE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE
	<input type="checkbox"/> DELETE	6.2 NAME
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
1.000002921411--0 -07/01/99--01088--018 ****150.00 ****150.00	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
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<input type="checkbox"/> Change <input type="checkbox"/> Add	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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.

SIGNATURE: _____ SIGNATURE REQUIRED **4/26/99** **25-231-7992**
Signature and typed or printed name of officer or director Date Expires Form 9 01/99