

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90212 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000020641

1. Corporation Name

INTERNATIONAL ACCESS GROUP CORP.

Principal Place of Business

11716 SW 91 TERRACE
MIAMI FL 33186

Mailing Address

11716 SW 91 TERRACE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

65-0816171

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 330 Biscayne Blvd

2a. Mailing Address

26 330 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 606

27 606

City & State

City & State

23 Miami Florida

28 Miami Florida

Zip

Country

Zip

Country

24 33121

25 USA

29 33121

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 CICCARELLI, JANET
 11716 SW 91 TERRACE
 MIAMI FL 33186

 TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

4-12-99

306-445-8994

Date

Daytime Phone #

CR2E034 (11/98)