

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

STATE CORPORATION
 FLORIDA ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathiam
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

95 MAY -1 PM 5:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 508968 (5)

1. Corporation Name
DATA ACCESS CORPORATION

Principal Place of Business Mailing Address
14000 SW 119 AVENUE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **06/23/1976** 3a. Date of last report **02/14/1994**

4. FFI Number **59-1678681** 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 has liability for intangible tax under § 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite Apt #, etc. 26 Suite Apt #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASANAVE, CHARLES L III
 14000 SW 119 AVENUE
 MIAMI FL 33186**

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 of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD
NAME	CASANAVE, CHARLES L
STREET ADDRESS	13600 SW 188TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	CASANAVE, CHAS L III
STREET ADDRESS	18441 SW 85TH CT
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	VSD
NAME	CASANAVE, CORY B
STREET ADDRESS	7820 SW 181 TERRACE
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	VD
NAME	MEELEY, STEPHEN W
STREET ADDRESS	14532 SW 142 PLACE CIR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.01 NAME	
13.01 STREET ADDRESS	
13.01 CITY, ST, ZIP	
13.02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.02 NAME	
13.02 STREET ADDRESS	
13.02 CITY, ST, ZIP	
13.03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.03 NAME	
13.03 STREET ADDRESS	
13.03 CITY, ST, ZIP	
13.04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.04 NAME	
13.04 STREET ADDRESS	
13.04 CITY, ST, ZIP	
13.05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.05 NAME	
13.05 STREET ADDRESS	
13.05 CITY, ST, ZIP	
13.06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.06 NAME	
13.06 STREET ADDRESS	
13.06 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that the information stated in Sections 11 and 13 of this Florida Statutes, 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 and shall confer authority that I am an officer or director of the corporation or the registered or former incorporator to cause the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or any information with an address.

SIGNATURE:  **Cory B. Casanave** 4/10/95 (305) 238-0012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR