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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000014390 (8)**

ASSIST-CARD SERVICES (USA), INC.

Principal Place of Business: 1001 S BAYSHORE DR MIAMI FL 33131  
Mailing Address: 1001 S BAYSHORE DR MIAMI FL 33131

2. Principal Place of Business: 21. Mailing Address

22. State, Apt. # etc: 27. State, Apt. # etc

23. City & State: 28. City & State

24. Name: 25. Capacity: 29. Title: 30. Telephone

9. Name and Address of Current Registered Agent

DINER, MANUEL  
141 NE 8 AVE  
SUITE 601  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81. NAME: CADRECH, ATILIO O.  
82. Street Address (P.O. Box Number is Not Acceptable): 1001 Bayshore DR.  
83. SUITE 2302  
84. City: MIAMI FL 85. Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0403 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

*Manuel Diner*

Registered Agent (print or stamped name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: D CADRECHE, ATILIO O	13.1 NAME: [ ] Change [ ] Addition
12.2 STREET ADDRESS: 1001 S BAYSHORE DR	13.2 STREET ADDRESS: [ ] Change [ ] Addition
12.3 CITY, ST, ZIP: MIAMI FL 33131	13.3 CITY, ST, ZIP: [ ] Change [ ] Addition
12.4 NAME: D KEGLEVICH, NICOLAS	13.4 NAME: [ ] Change [ ] Addition
12.5 STREET ADDRESS: 1001 S BAYSHORE DR	13.5 STREET ADDRESS: [ ] Change [ ] Addition
12.6 CITY, ST, ZIP: MIAMI FL 33131	13.6 CITY, ST, ZIP: [ ] Change [ ] Addition
12.7 NAME: [ ]	13.7 NAME: [ ] Change [ ] Addition
12.8 STREET ADDRESS: [ ]	13.8 STREET ADDRESS: [ ] Change [ ] Addition
12.9 CITY, ST, ZIP: [ ]	13.9 CITY, ST, ZIP: [ ] Change [ ] Addition
12.10 NAME: [ ]	13.10 NAME: [ ] Change [ ] Addition
12.11 STREET ADDRESS: [ ]	13.11 STREET ADDRESS: [ ] Change [ ] Addition
12.12 CITY, ST, ZIP: [ ]	13.12 CITY, ST, ZIP: [ ] Change [ ] Addition
12.13 NAME: [ ]	13.13 NAME: [ ] Change [ ] Addition
12.14 STREET ADDRESS: [ ]	13.14 STREET ADDRESS: [ ] Change [ ] Addition
12.15 CITY, ST, ZIP: [ ]	13.15 CITY, ST, ZIP: [ ] Change [ ] Addition

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# Deposited by Bank *RL*

14. I hereby certify that the information supplied with this filing is voluntarily furnished and given, not equally for the assumptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information made about 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 recipient of the information reported to meet the filing requirements as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with its address.

SIGNATURE:

*Manuel Diner*  
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

4/20/95 305)381-9959