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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000022741 (1)

1. Corporation Name

ASSIST-CARD MARKETING (USA), INC.

ASSIST-CARD MARKETING (USA), INC.



	f Business	,,,	lailing Address							
1001 S BAYS MIAMI FL 331			1001 S BAYSHORE MIAMI FL 33131	DR						
							3. Date Incorporated or Qualified 03/24/1993	3a. Da	te of Last Re 05/01/19	
. Principa' Plac	o of Rusiness	2a	. Mailing Address				4. FEI Number			Applied For
, Firicipa Fisc]	0 01 Dttd: 1000	26				[65-0402292			Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing			May Be
,		28					Trust Fund Contribution			d to Fees
Zip	Country		Z _i p		untry		8. This corporation has liability for	intangible ₃ ∏No	tax under s	199.032,
	25	29		30	,		Florida Statutes Ses Yes 10. Name and Address of New I		d Acent	
	9. Name and Address of Cur	rent Regi	stered Agent		041 5		10. Name and Address of New I	negistere	u Agent	
					81 Nam					
CADREC	CHE, ATILIO O				82 Stree	et Address	(P.O. Box Number is Not Acceptal	ble)		
	BAYSHORE DR.									
S- 2302					83					
MIAMI F	FL 38131		•		84 City			F	L	p Code
		E02 and 6	07 1508 Florida Statu	ites, the ab	ove-named	Leorporati	on submits this statement for the purify directors. I hereby accept the app	irpose of o	changing its	registered offi
	ed agent, or both, in the State of Fig., and accept the obligations of, S				corporation	n's board	on submits this statement for the po of directors. Thereby accept the app	pointment	as registered	agent. i am
GNATURL					-/ 1		the control of	DATE	·	
	Signature, typied or printer; name of registered e			NOTE: Registere		ure responsed w	ADDITIONS/CHANGES TO OF			ORS IN 12
! <u>.</u> 	OFFICERS	AND DIRE	DEIFIE		TITLE				Change	Addition
LF	D		Dittie	l i	NAME					
ME I	KEGLEVICH, NICOLAS					cc				
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 1 who have the same legal effect as if made under 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 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 certify that it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/96 (305) 381-996