

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:30

TALLAHASSEE, FLORIDA

DOCUMENT # S46171 (2)

1. Corporation Name

ASSIST-CARD CORPORATION OF AMERICA

Principal Place of Business

1001 SOUTH BAYSHORE DR #2302  
MIAMI FL 33131

Mailing Address

1001 SOUTH BAYSHORE DR #2302  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1991

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-2926290

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CADREECHE, ATILIO O  
1001 SOUTH BAYSHORE DR.  
SUITE 2302  
MIAMI FL 33131

81

Title

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 Agent: I printed name of registered agent and the address

Signature of Registered Agent: I printed name of registered agent and the address

1651

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D  
KEGLEVICH, NICOLAS  
1001 S. BAYSHORE DR.  
MIAMI FL 33131

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D  
DE VERNISY, ROGER  
44 BRICKELL AVE #401  
MIAMI FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D  
CADRECHE, ATILIO OMAR  
1001 S. BAYSHORE DR.  
MIAMI FL 33131

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I 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 as if made under oath. That I am an officer or director of the corporation or the receiver or trustee responsible to execute the 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

4/20/95

305-351-9959