

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46171

Entity Name: ASSIST-CARD CORPORATION OF AMERICA**Current Principal Place of Business:**175 SW 7TH STREET
SUITE 2401/2402
MIAMI, FL 33130**Current Mailing Address:**175 SW 7TH STREET
SUITE 2401/2402
MIAMI, FL 33130 US**FEI Number:** 13-2926290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BRYAN, THOMAS A
Address 399 PARK AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title TREASURER
Name CHILDS, NIGEL FITZMAURICE
Address 399 PARK AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title ASSISTANT VICE PRESIDENT
Name DEGALA, DAVID
Address 1000 WILSHIRE BLVD
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title PRESIDENT, DIRECTOR
Name KEGLEVICH, ALEXIA DIANA
Address ASSIST-CARD BUILDING
ARIAS 3751 - C1430CRC
City-State-Zip: BUENOS AIRES

Title DIRECTOR
Name STEFANI, CARLOS
Address ASSIST-CARD BUILDING
ARIAS 3751 - C1430CRG
City-State-Zip: BUENOS AIRES

Title ASSISTANT SECRETARY
Name MURRAY, JULIE
Address 399 PARK AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title VP
Name HERMAN, JEFFREY
Address 399 PARK AVENUE, 9TH FLOOR
City-State-Zip: NEW YORK NY 10022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE MURRAY

ASSISTANT SECRETARY 04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date