FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -9 AM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/10/95--01111--015
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F12534

1. Corporation Name
American Bank Card, Inc.

Principal Place of Business / Mailing Address
Suite 333, 3500 N. State Road 7
Lauderdale Lakes, Florida 33319

3. Date Incorporated or Qualified: 12/22/80
3a. Date of Last Report: 1994

2. Principal Place of Business
21: 3500 N. State Road 7
Suite, Apt. #, etc. 22: 333
City & State 23: Lauderdale Lakes, FL
Zip 24: 33319 Country 25: Broward

2a. Mailing Address
26:
Suite, Apt. #, etc. 27: Same
City & State 28:
Zip 29: Country 30:

4. FEI Number: 592565475 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Neil F. Garfield, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Ste 245 4119 N State Road 7
83:
84 City: Lauderdale Lakes FL 85 Zip Code: 33319

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] 5/1/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief Executive Officer	1.1 TITLE	☐ Change ☒ Addition
NAME	Michael Pou	1.2 NAME	
STREET ADDRESS	Suite 333, 3500 N State Rd 7	1.3 STREET ADDRESS	
CITY ST ZIP	Lauderdale Lakes, FL 33319	1.4 CITY ST ZIP	
TITLE	President	2.1 TITLE	☒ Change ☐ Addition
NAME	Steven Katzin	2.2 NAME	
STREET ADDRESS	Suite 333, 3500 N State Rd 7	2.3 STREET ADDRESS	
CITY ST ZIP	Lauderdale Lakes, FL 33319	2.4 CITY ST ZIP	
TITLE	Treasurer	3.1 TITLE	☒ Change ☐ Addition
NAME	Aaron Kaufman	3.2 NAME	
STREET ADDRESS	7 Bermuda Lake Drive	3.3 STREET ADDRESS	
CITY ST ZIP	Palm Beach Gardens, FL 33418	3.4 CITY ST ZIP	
TITLE	Chief Operating Officer	4.1 TITLE	☐ Change ☒ Addition
NAME	Neil Garfield	4.2 NAME	
STREET ADDRESS	Suite 245, 4119 N. State Rd 7	4.3 STREET ADDRESS	5/9/95 MST
CITY ST ZIP	Lauderdale Lakes, FL 33319	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 attached sheet, with my address.

SIGNATURE: [signature] 5/1/95 305-484-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)