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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:44

DOCUMENT # G66408 (7)

1. Corporation Name
THE EXECUTIVE CARD, INC.

Principal Place of Business	Mailing Address
1125 NE 125 STREET #200 N. MIAMI FL 33161	1125 NE 125 STREET #200 N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address *	4. FEI Number: 59-2340957 ☐ Applied For ☐ Not Applicable
21 1111 Lincoln Rd.	26 1111 Lincoln Rd	
Suite, Apt. #, etc. 22 4TH FLOOR	Suite, Apt. #, etc. 27 4TH FLOOR	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Miami Beach, FL.	City & State 28 Miami Beach, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA	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
ROTH, MARK D. 2780 LAKE WAY COOPER CITY, 33026	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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: _____ NEW Registered Agent signature required for reinstatement DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME ROTH, HAROLD STREET ADDRESS 10657 QUAYBRIDGE COURT CITY-ST-ZIP MIAMI FL	11 TITLE ☐ Change ☐ Add 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE SD NAME ROTH, MARK D. STREET ADDRESS 2780 LAKE WAY CITY-ST-ZIP COOPER CITY FL	21 TITLE ☐ Change ☐ Add 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Add 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Add 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Add 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Add 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I 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 above, or on an attached sheet with an asterisk.

SIGNATURE: Mark D. Roth MARK D. ROTH 3/10/95 (305)534-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0173649 CP