

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K57030 (4)**

1. Corporation Name  
**INTER-C.A.R.D., CORP.**



|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 170286<br>MIAMI GARDENS FL 33017-0286 | Mailing Address<br>P.O. BOX 170286<br>MIAMI GARDENS FL 33017-0286 |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                 |                        |                 |   |  |
|---|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business                          |                 | 2a. Mailing Address    |                 | 3. Date Incorporated or Qualified<br><b>01/10/1989</b>    |  |
| 21 Suite, Apt. #, etc.                                  | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number<br><b>65-0092808</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 23 Zip  | 25 Country      | 29 Zip                 | 30 Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |
| 9. Name and Address of Current Registered Agent         |                 |                        |                 | 10. Name and Address of New Registered Agent              |  |
| WURTENBERY, KEN<br>16989 NW 67 AVENUE<br>MIAMI FL 33015 |                 |                        |                 | 81 Name   |  |
|   |                 |                        |                 | 82 Street Address (P.O. Box Number is Not Acceptable)     |  |
|   |                 |                        |                 | 83  |  |
|   |                 |                        |                 | 84 City   | 85 Zip Code  |

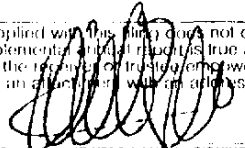
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | V                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOORLY, JAIME A   | 1.2 NAME  |   |
| STREET ADDRESS             | 8300 NW 151 LN    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RODRIGUEZ, ARCHIE | 2.2 NAME  |   |
| STREET ADDRESS             | 5470 NW 161 STR   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOORLY, JIM       | 3.2 NAME  |   |
| STREET ADDRESS             | 8300 NW 151 LN    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing 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 supplement 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 written address.

SIGNATURE:  2-6-98 130518278300

CP2E034 (10/97)