FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # **K93433** **(6)**

1. Corporation Name

CLIP A CARD INC.

Principal Place of Business

212 N.E. 33RD ST.
FORT LAUDERDALE FL 33334
US

Mailing Address

212 N.E. 33RD ST.
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified: **06/05/1989**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **65-0153810** — 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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PERLEBERG, ACHIM
1440 S OCEAN BLVD
#9A
POMPANO BCH FL 33309

212 NE 33 ST
FT. LAUDERDALE
FL 33334

10. Name and Address of New Registered Agent

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 Sections 607.0501(3) and 607.0505, 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 corporation is currently qualified to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PCD	[ ] DELETE
NAME	PERLEBERG, ACHIN	
STREET ADDRESS	1440 S. OCEAN BLVD., #9A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VTD	[ ] DELETE
NAME	FRANKENHAUSER, MICHAEL	
STREET ADDRESS	1440 S. OCEAN BLVD., #9A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SM	[ ] DELETE
NAME	CEPEDA, PATRICIA	
STREET ADDRESS	296 NW 79 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS	212 NE 33 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS	212 NE 33 ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS	212 NE 33 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate and complete, to the extent required by Section 119.07(5)(a), 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 with the proper title or as an addition under my name.

SIGNATURE: Patricia J. Cepeda . Mgr. 3/25/96 954 5668919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA CEPEDA