

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90182 041 ***150.00

DOCUMENT # M19364

1. Corporation Name

DEFAULT PROOF CREDIT CARD SYSTEM INC.



Principal Place of Business

**4520 SUNSET DRIVE
MIAMI FL 33143
US**

Mailing Address

**PO BOX 144010
CORAL GABLES FL 33114
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1985

4. FEI Number

59-2686523

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1545 Miller Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Coral Gables, FL

28 City & State

Zip Country

24 33146-2309 USA

29 30

9. Name and Address of Current Registered Agent

**CUERVO, VINCENT
4520 SUNSET RD.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

VINCENT CUERVO

82 Street Address (P.O. Box Number is Not Acceptable)

1545 Miller Road

83

84 City

Coral Gables,

FL

85 Zip Code
33146

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

VINCENT CUERVO

January 26, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CUERVO, VINCENT**
CITY-ST-ZIP **4520 SUNSET RD. 1545 Miller Rd**
MIAMI FL Coral Gables, FL 33146

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **SOSA, CIRO B.**
CITY-ST-ZIP **112 CIBAO COURT**
CORAL GABLES FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LLAGUNO, PEDRO P.**
CITY-ST-ZIP **2050 CORAL WAY #303**
MIAMI 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 attachment with an address, with all other like empowered.

SIGNATURE: **VINCENT CUERVO**

1/26/99 (305) 666-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)

07/035