

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90002 029 ***550.00

DOCUMENT # P02000013117

1. Entity Name
AVALCARD USA, INC.



Principal Place of Business
777 BRICKELL AVE, SUITE 1070
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVE, SUITE 1070
MIAMI, FL 33131

34033313

2. Principal Place of Business
1111 Brickell Avenue

3. Mailing Address
SAME

Suite, Apt. #, etc.
1300

Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State

4. FEI Number
02-0560311

Applied For
Not Applicable

Zip Country
33131 U.S.A.

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEY, JUDITH
777 BRICKELL AVE, SUITE 1070
MIAMI, FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FERNANDEZ, ALEJANDRA
STREET ADDRESS 701 BRICKELL AVE, SUITE 1550
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME MARIN, LUIS
STREET ADDRESS 701 BRICKELL AVE, SUITE 1550
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME GARCIA, ROBBIE
STREET ADDRESS 701 BRICKELL AVE, SUITE 1550
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☐ Change ☐ Addition
NAME Michalis Stavrinides
STREET ADDRESS P.O.Box 45-0963, Miami, FL 33245
CITY-ST-ZIP

TITLE D/VP/S ☐ Change ☐ Addition
NAME Ernesto J. Quant
STREET ADDRESS P.O. Box 45-0963, Miami, FL 33245
CITY-ST-ZIP

TITLE D/VP/T ☐ Change ☐ Addition
NAME Iván Gallegos
STREET ADDRESS P.O. Box 45-0963, Miami, FL 33245
CITY-ST-ZIP

TITLE D/VP ☐ Change ☐ Addition
NAME Martin Barcenias
STREET ADDRESS P.O. Box 45-0963, Miami, FL 33245
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michalis Stavrinides

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

305-372-8270

Daytime Phone #