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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P25343** **(5)**

1. Corporation Name

WORLD TRAVELLERS CLUB OF AMERICA CORPORATION

Principal Place of Business	Mailing Address
%CURTIS. MALLET-PREVOST 520 BRICKELL KEY DR. STE 206 MIAMI FL 33131 US	%CURTIS. MALLET-PREVOST 520 BRICKELL KEY DR. STE 206 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1989
3a. Date of Last Report: 02/08/1994
4. FEI Number: 98-0101614 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	SASTRE, ROBERTO	12 NAME	President/Director
STREET ADDRESS	101 PARK AVE	13 STREET ADDRESS	Noda, Lourdes
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	520 Brickell Key Drive,Miami,FL ste.206
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	LOPEZ, MARIA ALMA	22 NAME	Secretary/Director
STREET ADDRESS	520 BRICKELL KEY DR, STE 206	23 STREET ADDRESS	Gaskina, Jaqueline
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	520 Brickell Key Drive,Miami,FL,ste.206
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	NODA, LORDES	32 NAME	Treasurer/Director
STREET ADDRESS	520 BRICKELL KEY DR, STE 206	33 STREET ADDRESS	Perez, Blas
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	520 Brickell Key Dr,Miami,FL,ste.206
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	800001472328
CITY-ST-ZIP		44 CITY-ST-ZIP	-05/03/95--01016--005
TITLE		51 TITLE	****200.00 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lourdes Noda (LOURDES NODA) 2/16/95 372-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

000700