

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

3. Date Incorporated or Qualified

07/26/1989

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NODA, LOURDES
STREET ADDRESS 520 BRICKELL KEY DR
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE President
1.2 NAME Noda, Lourdes
1.3 STREET ADDRESS 520 Brickell Key Drive, ste. 203
1.4 CITY-ST-ZIP Miami, Florida 33131

☒ Change ☐ Addition

TITLE SD
NAME GASKINS, JAQUELINE
STREET ADDRESS 520 BRICKELL KEY DR, STE 206
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE Secretary
2.2 NAME Gaskins, Jackie
2.3 STREET ADDRESS 520 Brickell Key Drive, ste 203
2.4 CITY-ST-ZIP Miami, Florida 33131

☒ Change ☐ Addition

TITLE TD
NAME PEREZ, BLAS
STREET ADDRESS 520 BRICKELL KEY DR, STE 206
CITY-ST-ZIP MIAMI FL

☒ DELETE

3.1 TITLE Director
3.2 NAME Guevara, Lucy
3.3 STREET ADDRESS 520 Brickell Key Drive, ste 203
3.4 CITY-ST-ZIP Miami, Florida 33131

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

100001746231
-03/18/96--01023--011
***61.25

☐ Change ☐ Addition
m.m.
3-15-96

3/6/96 (305) 372-1578