

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
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # P95000017419 (9)

1. Corporation Name

INTERNATIONAL TRAVELLER ASSISTANCE CARD, INC.

Principal Place of Business

3772 WEST 12TH AVENUE
HALEAH FL 33012

Mailing Address

3772 WEST 12TH AVENUE
HALEAH FL 33012

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1333 S. Miami Ave. #302

26 1333 S. Miami Ave. #302

4. FEI Number

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

Suite, Apt. #, etc.

22 302

Suite, Apt. #, etc.

27 302

City & State

23 MIAMI, FLORIDA. 33130

City & State

28 MIAMI, FLORIDA. 33130

Zip

24 33130

Country

25 U.S.A.

Zip

29 33130

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANAL, EDUARDO A ESQ.
300 SEVILLA AVENUE
SUITE 305
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent Signature required when re-stating)

02-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FRANCESE, LUIS O
STREET ADDRESS 3772 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012 ☐ DELETE

TITLE VD
NAME GARCIA, CLAUDIA E
STREET ADDRESS 3772 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

PD ☒ Change ☐ Addition
NAME FRANCESE, LUIS O.
STREET ADDRESS 1333 S, Miami Ave. Suite 302
CITY-ST-ZIP MIAMI, FLORIDA 33130

VD ☒ Change ☐ Addition
NAME GARCIA, CLAUDIA E.
STREET ADDRESS 1333 S. Miami Ave. Suite 302
CITY-ST-ZIP MIAMI, FLORIDA. 33130

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LUIS O. FRANCESE

02-15-96

358-1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)