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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000069464 (1)

1. Corporation Name  
CARD CALL CORP.



Principal Place of Business

20801 BISCAYNE BLVD  
SUITE 424  
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD  
SUITE 424  
AVENTURA FL 33180-1430

3. Date Incorporated or Qualified  
08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0690127

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

9. Name and Address of Current Registered Agent

TASHMAN, LISA  
20801 BISCAYNE BLVD  
SUITE 424  
AVENTURA FL 33180

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

Signature, typed or printed name of officer or director (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

101 TITLE ☐ DELETE  
NAME TASHMAN, LISA  
STREET ADDRESS 20801 BISCAYNE BLVD SUITE 424  
CITY, ST, ZIP AVENTURA FL 33180

102 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

103 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

104 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

105 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

106 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition

112 NAME

113 STREET ADDRESS

114 CITY, ST, ZIP

121 TITLE ☐ Change ☐ Addition

122 NAME

123 STREET ADDRESS

124 CITY, ST, ZIP

131 TITLE ☐ Change ☐ Addition

132 NAME

133 STREET ADDRESS

134 CITY, ST, ZIP

141 TITLE ☐ Change ☐ Addition

142 NAME

143 STREET ADDRESS

144 CITY, ST, ZIP

151 TITLE ☐ Change ☐ Addition

152 NAME

153 STREET ADDRESS

154 CITY, ST, ZIP

161 TITLE ☐ Change ☐ Addition

162 NAME

163 STREET ADDRESS

164 CITY, ST, ZIP

14. I do 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.

SIGNATURE:

Lisa Tashman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

(305) 937-2000

(Date)

Daytime Phone #

CR2E034 (9/96)