

Date Due: 05/01/93 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB -3 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT #P96000080118

AMERICARD VENDING CORP.  
11900 Biscayne Boulevard  
Suite 201  
Miami, Florida 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/96 3a. Date of Last Report 04/20/98

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number 65-0889367 Applied For Not Applicable

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

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 ☐ \$138.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Peter G. Gruber, P.A.  
82. Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Boulevard  
83. One Datan Center, Suite 910  
84. City Miami FL 85. Zip Code 33156 86. Country USA

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE 2/2/99

12. OFFICERS AND DIRECTORS

1.1 TITLE PSTD  
1.2 NAME Cary Krugly  
1.3 ADDRESS 11900 Biscayne Blvd. #201  
1.4 CITY-ST-ZIP Miami, FL 33181

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

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

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

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

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

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE  
1.2 NAME  
1.3 ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 ADDRESS  
2.4 CITY-ST-ZIP  
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5.2 NAME  
5.3 ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 ADDRESS  
6.4 CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE DATE 2/2/99  
Print/Type Name of Signing Officer or Director Daytime Telephone Number  
Cary Krugly President (305) 409-4343