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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087880 (6)

1. Corporation Name

MIAMI TRAVEL CARD, INC.

Principal Place of Business

444 BRICKELL AVENUE  
SUITE 820  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE  
SUITE 820  
MIAMI FL 33131-2407



3. Date Incorporated or Qualified

10/24/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0710890

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

COELLO, LUIS G  
444 BRICKELL AVENUE  
SUITE 820  
MIAMI FL 33131

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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of individual named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis G. Coello

4/21/97

305.371-5353

Date

Daytime Phone #

0174080

CR2E034 (9/96)