

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 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 # P96000098191 (5)

1. Corporation Name
EXECUTIVE CARDSERVICE, INC.



Principal Place of Business 18880 N.W. 84TH AVENUE MIAMI FL 33015	Mailing Address 18880 N.W. 84TH AVENUE MIAMI FL 33015-5348
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3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
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21. Principal Place of Business 8064 W 21 CT	2a. Mailing Address 8064 W 21 CT
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State HIWALEAH, FL	28. City & State HIWALEAH, FL
24. Zip 33016	29. Zip 33016
25. Country DAVE	30. Country DAVE

4. FEI Number 65-0711100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FUNDORA, NOEL S
18880 N.W. 84TH AVENUE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ALVAREZ, ORLANDO	1.2 NAME	
STREET ADDRESS	7736 N.W. 193RD TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	VP, S.T.
NAME	FUNDORA, NOELNDO S	2.2 NAME	FUNDORA, NOEL S
STREET ADDRESS	18880 N.W. 84TH AVENUE	2.3 STREET ADDRESS	18880 N.W. 84TH
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MIAMI FL 33015
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 305 827 8586

Date

Daytime Phone: 0001891

CR2E034 (9/96)