4-1-

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061171

DIAMOND BANKCARD SERVICES, INC.

Principal Place of Business Mailing Address

SUITE 310

4001 POINCE DE LEON BLVD

4001 POINCE DE LEON BLVD

4601 PONCE DE LEON BLVD 4801 PONCE DE LEON BLVD DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Date Incorporated or Qualifed 07/10/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 084976 65 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes the current year Intangible Country Zip ☐ Yes Personal Property Tax. 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 83 Zip Code 84 City 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 requ	ired when reinstriting)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	
TITLE	D . DELETE	. 1.1 TITLE		Change	☐ Addition
NAME	WAYNER, STEPHEN	12 NAME			
STREET ADDRESS	SUITE 310, 4601 PONCE DE LEON	1.3 STREET ADDRESS		•	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		22 NAME			
STREET ADDRESS	•	2.3 STREET ADDRESS	1		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		:	
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADORESS		3 3 STREET ADDRESS		• •	
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE	DELETE -	4.1 TIRE		Change	Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		: Change	Addition
NAME		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADORESS	•		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	· DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		,	*
CITY 67 710		6.4 CITY-ST-ZIP		•.	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 301-666-170

FILED

Secretary of State

03-11-1999 90019 025 ***150.00

Mar 11, 1999 8:00 am