

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V24550** (8)

1. Corporation Name

CARD MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

% ARNOLD WENZLOFF, PRESIDENT
13244 SW 108TH STREET, CIRCLE
MIAMI FL 33186-3452

% ARNOLD WENZLOFF, PRESIDENT
13244 SW 108TH STREET, CIRCLE
MIAMI FL 33186-3452

2. Principal Place of Business

2a. Mailing Address

21 13101 SW 106 Street

26 13101 SW 106 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Miami Florida

27 City & State
28 Miami Florida

24 Zip Country
25 33186-3411 USA

29 Zip Country
30 33186-3411 USA

9. Name and Address of Current Registered Agent

WENZLOFF, ARNOLD
13244 SW 108TH STREET, CIRCLE
MIAMI FL 33186-3452

3. Date Incorporated or Qualified

03/21/1992

3a. Date of Last Report

01/19/1995

4. FET Number

65-0467659

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

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 registered agent and then applicable

2001b Registered Agent signature required when necessary to

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D WENZLOFF, ARNOLD
STREET ADDRESS
13244 SW 108TH STREET, CIRCLE
CITY-ST-ZIP
MIAMI FL 33186-3452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and changed, or on an attachment with an address.

SIGNATURE: *Arnold Wenzloff* 4/3/96 305 229-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)