FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38084** **(2)**

1. Corporation Name

WORLD TRAVEL DISCOUNT CARD, CORP.

Principal Place of Business	Mailing Address
209 N ATLANTIC BLVD SUITE 5D FT LAUDERDALE FL 33304	209 N ATLANTIC BLVD SUITE 5D FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 08/25/1994

21 2. Principal Place of Business	210 North University Dr.
22 Suite, Apt. #, etc.	#502
23 City & State	Coral Springs - FL
24 Zip / 25 Country	33071 / USA
26 2a. Mailing Address	210 North University Dr.
27 Suite, Apt. #, etc.	#502
28 City & State	Coral Springs - FL
29 Zip / 30 Country	33071 / USA

4. FEI Number: 65-0333150 ☐ 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

SILBER, PAULO DE LACERDA
~~209 N ATLANTIC BLVD~~ 210 North University Dr. #502
~~SUITE 5D #502,~~
~~FT LAUDERDALE FL 33304~~ Coral Springs-FL 33071

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SILBER, PAULO DE LACERDA	12 NAME	
STREET ADDRESS	~~209 N ATLANTIC BLVD #5D~~ 210 North University Drive	13 STREET ADDRESS	
CITY ST ZIP	~~FT LAUDERDALE FL~~ # 502 Coral Springs, FL-33071	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing 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 added by amendment with an address.

SIGNATURE: Silber Paulo de Lacerda Feb, 1st, 95 (305) 346-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0211570 CP