

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # V38084

(2)

95 MAY -1 AM 8:46

1. Corporation Name

WORLD TRAVEL DISCOUNT CARD, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

209 N ATLANTIC BLVD
SUITE 50
FT LAUDERDALE FL 33304

Mailing Address

209 N ATLANTIC BLVD
SUITE 50
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1992

38. Date of Last Report

08/25/1994

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
SUITE 50 #502
FT LAUDERDALE FL 33304

210 North University Dr.
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 City

84 State

85 Zip Code

86 City

87 State

88 Zip Code

89 City

90 State

91 Zip Code

92 City

93 State

94 Zip Code

95 City

96 State

97 Zip Code

98 City

99 State

100 Zip Code

101 City

102 State

103 Zip Code

104 City

105 State

106 Zip Code

107 City

108 State

109 Zip Code

110 City

111 State

112 Zip Code

113 City

114 State

115 Zip Code

116 City

117 State

118 Zip Code

119 City

120 State

121 Zip Code

122 City

123 State

124 Zip Code

125 City

126 State

127 Zip Code

128 City

129 State

130 Zip Code

131 City

132 State

133 Zip Code

134 City

135 State

136 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, type or printed name of registered agent and file if applicable

(If Officer) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY ST ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY ST ZIP

47 TITLE

48 NAME

49 STREET ADDRESS

50 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

55 TITLE

56 NAME

57 STREET ADDRESS

58 CITY ST ZIP

59 TITLE

60 NAME

61 STREET ADDRESS

62 CITY ST ZIP

63 TITLE

64 NAME

65 STREET ADDRESS

66 CITY ST ZIP

67 TITLE

68 NAME

69 STREET ADDRESS

70 CITY ST ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY ST ZIP

75 TITLE

76 NAME

77 STREET ADDRESS

78 CITY ST ZIP

79 TITLE

80 NAME

81 STREET ADDRESS

82 CITY ST ZIP

83 TITLE

84 NAME

85 STREET ADDRESS

86 CITY ST ZIP

87 TITLE

88 NAME

89 STREET ADDRESS

90 CITY ST ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY ST ZIP

95 TITLE

96 NAME

97 STREET ADDRESS

98 CITY ST ZIP

99 TITLE

100 NAME

101 STREET ADDRESS

102 CITY ST ZIP

103 TITLE

104 NAME

105 STREET ADDRESS

106 CITY ST ZIP

107 TITLE

108 NAME

109 STREET ADDRESS

110 CITY ST ZIP

111 TITLE

112 NAME

113 STREET ADDRESS

114 CITY ST ZIP

115 TITLE

116 NAME

117 STREET ADDRESS

118 CITY ST ZIP

119 TITLE

120 NAME

121 STREET ADDRESS

122 CITY ST ZIP

123 TITLE

124 NAME

125 STREET ADDRESS

126 CITY ST ZIP

127 TITLE

128 NAME

129 STREET ADDRESS

130 CITY ST ZIP

131 TITLE

132 NAME

133 STREET ADDRESS

134 CITY ST ZIP

135 TITLE

136 NAME

137 STREET ADDRESS

138 CITY ST ZIP

139 TITLE

140 NAME

141 STREET ADDRESS

142 CITY ST ZIP

143 TITLE

144 NAME

145 STREET ADDRESS

146 CITY ST ZIP

147 TITLE

148 NAME

149 STREET ADDRESS

150 CITY ST ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silber Paulo de Lacerda

Feb, 1st, 95

305) 346-7288