

9500002131

DELGADO,  
BEFELER,  
STARKMAN &  
MAGOLNICK, P.A.

Museum Tower / Suite 2701  
150 West Flagler Street  
Miami, Florida 33130  
Telephones  
(305) 358-0737 • (305) 379-8300  
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April 27, 1995

**VIA FEDERAL EXPRESS**

Qualification/Tax Lien Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

000001469120  
-05/01/95--01046--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: National Pawn Holdings, Inc.

Dear Sir or Madam:

On behalf of National Pawn Holdings, Inc., a Delaware corporation, I have enclosed a completed Application by Foreign Corporation for Authorization to transact business in Florida, an original certificate of existence from the State of Delaware dated 4/26/95, and a Transmittal Letter.

I have also enclosed a check in the amount of \$78.75 to cover the cost of the filing fee, the Registered Agent Designation Fee, and the cost of a Certificate of Status.

If you have any questions, please do not hesitate to contact me.

Sincerely,  
*Joel S. Magolnick*  
Joel S. Magolnick

encl.

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95 MAY - 1 PM 1:54  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** National Pawn Holdings, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joel S. Magolnick, Esq.  
(Name of Person)

Dalgado, Befeler, Stariman & Magolnick, P.A.  
(Firm/Company)

150 West Flagler Street - Suite 2701  
(Address)

Miami, FL 33130  
(City, State and Zip Code)

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DIVISION OF CORPORATIONS  
95 MAY - 1 PM 1:55

Should you need to call someone concerning this matter, please call:

Joel S. Magolnick, Esq. at ( 305 ) 379 - 8300  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

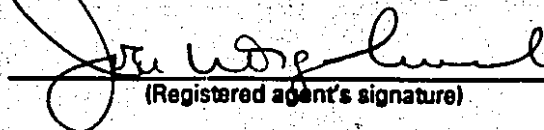
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. NATIONAL PAWN HOLDINGS, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 65-055897  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November, 1993 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No business (as defined in F.S. S 607.1501) has been transacted as of yet.  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 509 West 49th Street  
Hialeah, FL 33012  
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Joel S. Macolnick  
Office Address: 150 West Flagler Street - Suite 2701  
Miami, , Florida , 33130  
(Zip Code)
10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY - 1 PM 1995

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: J. Ramon Rodriguez

Address: 509 West 49th Street  
Hialeah, FL 33012

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: J. Ramon Rodriguez, Jr.

Address: 509 West 49th Street  
Hialeah, FL 33130

Director: John C. Zelaya

Address: 1 S.E. 3rd Avenue - Suite 2250  
Miami, FL 33131

B. OFFICERS

President: J. Ramon Rodriguez

Address: 509 West 49th Street  
Hialeah, FL 33012

Vice President: J. Ramon Rodriguez, Jr.

Address: 509 West 49th Street  
Hialeah, FL 33012

Secretary: J. Ramon Rodriguez

Address: 509 West 49th Street  
Hialeah, FL 33012

Treasurer: J. Ramon Rodriguez, Jr.

Address: 509 West 49th Street  
Hialeah, FL 33012

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

J. Ramon Rodriguez - President/Chairman  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
95 MAY - 1 PM 1:55

**ADDRESS**

**Directors:**

1. **Henry Ewan**  
1 S.E. 3rd Avenue - Suite 2250  
Miami, FL 33131
  
2. **Elena Magolnick**  
730 Myrtlewood Lane  
Key Biscayne, FL 33149

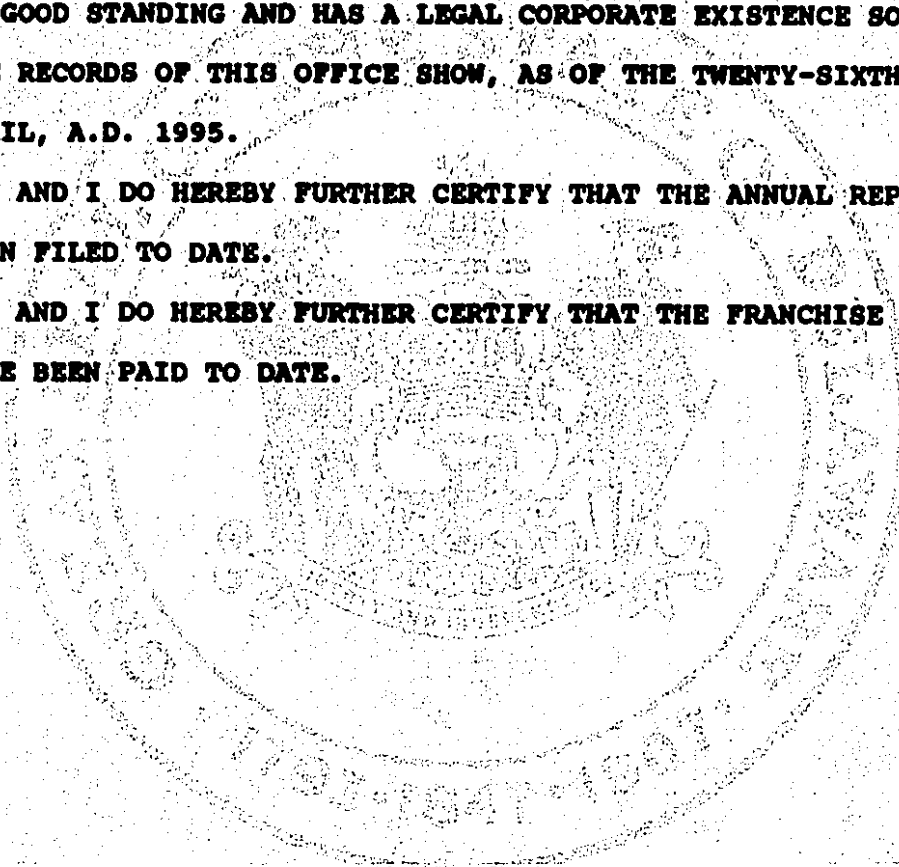
**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY - 1 PM 1:55**

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL PAWN HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY - 1 PM 1:55



*Edward J. Freel*

Edward J. Freel, Secretary of State

2456966 8300

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AUTHENTICATION:

DATE:

7485152

04-26-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES  
**FILED**  
 96 OCT 24 PM 3:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # F95000002131 (9)**  
**NATIONAL PAWN HOLDINGS INC.**  
**509 W. 49th St.**  
**Hialeah, Fl. 33012**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 3. If Principle Office Address is different from mailing address, enter address below:  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Date Incorporated or Qualified To Do Business In Florida: **05/01/1995**  
 5. FEI Number: **65-0558957**  
 FEI Number Applied For: \_\_\_\_\_  
 FEI Number Not Applicable: \_\_\_\_\_  
 6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CPS	RODRIGUEZ, J. RAMON	509 W. 49th St.	Hialeah, Fl. 33012
DVT	RODRIGUEZ, J. RAMON JR.	509 W. 49th St.	Hialeah, Fl. 33012
D	ZELAYA, JOHN C.	1 SE 3rd Ave. Ste. 2250	Miami, Fl. 33131
D	MAGOLNICK, ELENA	730 Myrtlewood Lane	Key Biscayne, Fl. 33149

**REINSTATEMENT 96**

REGISTERED AGENT INFORMATION  
 8. Name and Address of Current Registered Agent  
**MAGOLNICK, JOEL S.**  
**150 W. Flagler St. Suite 2701**  
**Miami, Fl. 33130**

9. If changed, new registered agent / office  
 Name \_\_\_\_\_  
 Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_  
 Street Address (Do NOT Use P.O. Box Number) **500001991265--3**  
 City **MIAMI FL** State **FL** Zip **33130**  
 Phone **375.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *[Signature]* Date: **10/21/96**  
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  
 Signature of Officer or Director: *[Signature]* Date: **10/15/96** Daytime Phone #: **305-821-4659**

CR25040 (8-92)