

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002131 (9)**  
 1. Corporation Name  
**NATIONAL PAWN HOLDINGS, INC.**



Principal Place of Business <b>509 WEST 49TH ST. HALEAH FL 33012</b>	Mailing Address <b>509 WEST 49TH ST. HALEAH FL 33012</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>1165 W. 49th St</b>	26 <b>1165 W. 49th St</b>		
Suite, Apt. #, etc. 22 <b>202</b>		Suite, Apt. #, etc. 27 <b>202</b>	
City & State 23 <b>Hialeah Fla</b>		City & State 28 <b>Hialeah, Fla</b>	
Zip 24 <b>33012</b>	Country 25 <b>DADE</b>	Zip 29 <b>33012</b>	Country 30 <b>DADE</b>

3. Date Incorporated or Qualified <b>05/01/1995</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0558957</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MAGOLNICK, JOEL S**  
**150 WEST FLAGLER ST., STE. 2701**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CPS</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, J. RAMON</b>	
STREET ADDRESS	<b>509 WEST 49TH ST.</b>	
CITY-ST-ZIP	<b>HALEAH FL 33012</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, J. RAMON JR.</b>	
STREET ADDRESS	<b>509 WEST 49TH ST.</b>	
CITY-ST-ZIP	<b>HALEAH FL 33012</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZELAYA, JOHN C</b>	
STREET ADDRESS	<b>1 SE 3RD AVE., STE. 2250</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAGOLNICK, ELENA</b>	
STREET ADDRESS	<b>730 MYRTLEWOOD LANE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR (D)</b>
4.3 STREET ADDRESS	<b>GUSTAVO A. BESIL</b>
4.4 CITY-ST-ZIP	<b>1165 W. 49th St # 202 HALEAH, FLORIDA 33012</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* Director/CFO **4/25/98 770 8218623**

CR2E034 (10/97)