

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **G45619 (5)**
 1. Corporation Name
ESQUIRE PAWN SHOP, INC.



Principal Place of Business Mailing Address
C.O. MARIANA LOPEZ
1822 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020
C.O. MARIANA LOPEZ
1822 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified **06/15/1983** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-2301939** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
LOPEZ, MARIANA
1822 HOLLYWOOD BLVD
33020 33020

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 resigning)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	LOPEZ, ALBERT		
STREET ADDRESS	1822 HOLLYWOOD BLVD.		
CITY - ST - ZIP	HOLLYWOOD FL		
TITLE	DPT		
NAME	LOPEZ, MARIANA		
STREET ADDRESS	1822 HOLLYWOOD BLVD.		
CITY - ST - ZIP	HOLLYWOOD FL		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	D-P		
12 NAME	ESTEBAN A. CONSALVO		
13 STREET ADDRESS	1822 HOLLYWOOD BLVD		
14 CITY - ST - ZIP	HOLLYWOOD FL		
21 TITLE	D-S-T		
22 NAME	DAWN CONSALVO		
23 STREET ADDRESS	1822 HOLLYWOOD BLVD		
24 CITY - ST - ZIP	HOLLYWOOD FL		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Esteban A. Consalvo **ESTEBAN A. CONSALVO - PRES. 6-8-96.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)