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

Mailing Address

C/O NICOLAS R. GARCIA

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J57459

1. Corporation Name

Principal Place of Business

C/O NICOLAS R. GARCIA

READY MONEY, INC.

3796 WEST 121 HIALEAH FL 331			HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE			
THE CONTRACTOR	• • •						3. Date incorporated or Qualified			
							02/17/1987			
2. Principal Pl	lace of Business	—	Mailing Address				4. FEI Number		-	plied For
21		26			_		59-2782116		<u></u> -	ot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	4		Additional equired
22		27			_		<u> </u>			
City & State	e		City & State				6. Election Campaign Financing	,		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	<u> </u>	Zip	Coun	try		8. This corporation owes the current year		ole ⁄es	□No {
24	25	29		30		- _	Personal Property Tax. 10. Name and Address of New Register	7		- INO
	9. Name and Address of Currer	t Regis	stered Agent	+	81	Nome	10. Name and Address of New Register	eu Agei	<u> </u>	
GARCIA, RENE					۱'°	Name				}
1130 NW 134TH AVE			82 Street Ad			Street Addr	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33182			\ <u></u>							
MIAN	M FE 33 102			Į.	83)
				<u> </u>	84	City		85	Zip	Code
				í	Ī			-L	1	
office or r	to the provisions of Sections 507.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Hori	da. Such change was au	itnorizea	DV 1	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointme	nt as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	at and litin	of anglicable (MOTE)	Henistereri f	Joni	f signafure redutire	d when reinstating) DATE			
12.	OFFICERS AN			13.	- Tolk	r signatore radona	ADDITIONS/CHANGES TO OFFICERS		RECTO	ORS IN 12
TITLE	P	DOM	DELETE	1.1 BTI					Change	☐ Addition
	GARCIA, NICOLAS R.		W	1.2 NA		-				}
NAME	3796 W. 12TH AVENUE			B.	1.3 STREET ADDRESS					
STREET ADDRESS	HIALEAH FL	AVENOL			1.4 CITY-ST-ZIP					ľ
CITY-ST-ZIP	S S		☐ DELETE	2.1 TITL		I-ZIP			Change	Addition
TITLE	· •		L] DCCETL					_		
NAME	GARCIA, RENE			2.2 NA		(ĺ
STREET ADDRESS	1130 NW 134TH AVE					ADDRESS				}
CITY-ST-ZIP	MIAMI FL			2. 4 CIT	_	T-ZIP			Change	Addition
TITLE			☐ DELETE	3.1 ΠΠ		{			Shange	☐ Addition }
NAME				3.2 NA	ИE	{				{
STREET ADDRESS				3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>			3.4. CIT	Y-8	T-ZIP				
TITLE			☐ DELETE	4.1 717	.E	}			Change	☐ Addition
NAME				4. 2 NA	ME	}				
STREET ADDRESS				4.3 STT	REET	ADDRESS			:	[
City-ST-ZIP	}			4.4 CIT	Y-51	r-zip				
TITLE			☐ DELETE	5.1 TIT	Æ				Change	Addition
NAME				5.2 NA	ΜE					
STREET ADDRESS				5 3 ST	REET	ADDRESS				۰۰۰ مسد
CITY-ST-ZIP				5.4 CIT	y-81	T-ZIP				
TITLE			☐ DELETE	6.1 TIT	E				Change	Addition
NAME.	1		_	6.2 NA	ИE	-	•			
				6.3 575	REET	ADDRESS				ļ
STREET ADDRESS				6.4 CIT						
CITY-ST-ZIP	}			0.4 011	, - 31	(=ea)				/

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNASME RRENER Garcia P 1-2

1-27-99 305-825-0864

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90142 018 ***150.00

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