

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

**APPROVED AND FILED**

95 MAY -1 AM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION:  
ANNUAL REPORT  
1995



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

DOCUMENT # **M29720** (3)  
1. Corporation Name  
**SUPER CASH, INC.**

Principal Place of Business: **2742 S.W. 8TH STREET, SUITE 29 MIAMI FL 33135**  
Mailing Address: **2742 S.W. 8TH STREET, SUITE 29 MIAMI FL 33135**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1986** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-2653626** 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**

7. This corporation has liability for intangible tax under 3-109 Code Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MARQUEZ, JOSE M  
780 N.W. LEJEUNE ROAD, SUITE 400  
MIAMI FL 33126**

10. Name and Address of New Registered Agent  
81 Name: **Eva C Hernandez**  
82 Street Address (P.O. Box Number is Not Acceptable): **6026 SW 133 Place**  
83 City: **Miami Florida** 84 FL 85 Zip Code: **33183**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: *Eva Hernandez* **EVA C HERNANDEZ** 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>
NAME	<b>FINO, JAIMO</b>
STREET ADDRESS	<b>2742 S.W. 8TH STREET, #29</b>
CITY, ST, ZIP	<b>MIAMI FL 33135</b>
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

1. TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>FINO, JAIMO</b>	
3. STREET ADDRESS	<b>2742 S.W. 8TH #29</b>	
4. CITY, ST, ZIP	<b>MIAMI FL 33135</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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(2)(b), 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 trustee 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.

SIGNATURE: *Jaimo Fino* **JAIMO FINO** 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF DOMINGO OFFICER OR DIRECTOR