

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 16 1998 8:00am
Secretary of State

DOCUMENT # **P35565**

(1)

1. Corporation Name

PNB REMITTANCE CENTERS, INCORPORATED



Principal Place of Business

**3545 WILSHIRE BLVD
SUITE B
LOS ANGELES CA 90010
US**

Mailing Address

**3545 WILSHIRE BLVD
SUITE B
LOS ANGELES CA 90010
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

94-3136317

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**INES, NELSON E.
7609 WINTERSHADE DR.
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME LUMEN, OSCAR D

STREET ADDRESS 6324 CREBS AVENUE

CITY-STATE-ZIP RESEDA CA

TITLE C

NAME ARANETA, VALENTIN

STREET ADDRESS 668 J. ABAD SANTOS ST., SAN JUAN

CITY-STATE-ZIP METRO MANILA PH

TITLE D

NAME JAMINOLA, PEDRO C JR

STREET ADDRESS 9145 WILSHIRE, BLVD

CITY-STATE-ZIP BEVERLY HILLS CA

TITLE D

NAME MANUEL, LEOPOLDO A.

STREET ADDRESS 44 SCHOTLAND ST. BETTER LIVING SUBD

CITY-STATE-ZIP PARANAQUE PH

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

1.2 NAME GARCIA, ROMMEL R.

1.3 STREET ADDRESS 9 Thornbird

1.4 CITY-STATE-ZIP Aliso Viejo, CA 92656

2.1 TITLE VC

2.2 NAME ARANETA, VALENTIN

2.3 STREET ADDRESS 668 J. Abad Santos St., San Juan

2.4 CITY-STATE-ZIP Metro Manila, Philippines

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**D
SOLIVEN, MANUEL V.
1380 VETERANS APT 308
LOS ANGELES, CA 90024**

**C
FAVILA, PETER B.
#40 Narra Street, Valle Verde 3
Pasig City, Philippines**

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.

SIGNATURE

[Signature]

(213) 802-8050

CR2E034 (5/98)