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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35565

1. Corporation Name

PNB REMITTANCE CENTERS, INCORPORATED

Principal Place of Business	Mailing Address
3545 WILSHIRE BLVD SUITE B LOS ANGELES CA 90010 US	3545 WILSHIRE BLVD SUITE B LOS ANGELES CA 90010 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3345 Wilshire Blvd.	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/19/1991
Suite, Apt. #, etc. 22 #220	Suite, Apt. #, etc. 27	4. FEI Number 94-3136317 ☐ Applied For ☐ Not Applicable
City & State 23 Los Angeles	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 CA 25 90010	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INES, NELSON E. 7609 WINTERSHADE DR. ORLANDO FL 32822	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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ROMMEL R		1.2 NAME	
STREET ADDRESS	9 THORNBIRD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO CA 92656		1.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARANETA, VALENTIN		2.2 NAME	
STREET ADDRESS	668 J. ABAD SANTOS ST., SAN JUAN		2.3 STREET ADDRESS	
CITY-ST-ZIP	METRO MANILA, PHILIPPINES		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMINOLA, PEDRO C JR		3.2 NAME	
STREET ADDRESS	9145 WILSHIRE, BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL, LEOPOLDO A.		4. 2 NAME	
STREET ADDRESS	44 SCHOTLAND ST. BETTER LIVING SUBD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PARANAQUE PH		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SOLIVEN, MANUEL V		5.2 NAME	
STREET ADDRESS	1380 VETERANS APT. 308		5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024		5.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FAVILLA, PETER B		6.2 NAME	
STREET ADDRESS	#40 NARRA STREET, VALLE VERDE 3		6.3 STREET ADDRESS	
CITY-ST-ZIP	PASIG CITY, PHILIPPINES		6.4 CITY-ST-ZIP	

Please see attached sheet

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D PD Vice Chairman of the Board	☐ Change ☐ Addition
NAME	GARCIA, ROMMEL R		1.2 NAME	GARCIA, ROMMEL R	
STREET ADDRESS	9 THORNBIRD		1.3 STREET ADDRESS	9 THORNBIRD	
CITY-ST-ZIP	ALISO VIEJO CA 92656		1.4 CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VC	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARANETA, VALENTIN		2.2 NAME		
STREET ADDRESS	668 J. ABAD SANTOS ST., SAN JUAN		2.3 STREET ADDRESS		
CITY-ST-ZIP	METRO MANILA, PHILIPPINES		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAMINOLA, PEDRO C JR		3.2 NAME		
STREET ADDRESS	9145 WILSHIRE, BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANUEL, LEOPOLDO A.		4.2 NAME		
STREET ADDRESS	44 SCHOTLAND ST. BETTER LIVING SUBD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PARANAQUE PH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLIVEN, MANUEL V		5.2 NAME		
STREET ADDRESS	1380 VETERANS APT. 308		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90024		5.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FAVILLA, PETER B		6.2 NAME		
STREET ADDRESS	#40 NARRA STREET, VALLE VERDE 3		6.3 STREET ADDRESS		
CITY-ST-ZIP	PASIG CITY, PHILIPPINES		6.4 CITY-ST-ZIP		
TITLE			1.1 TITLE	Director	☐ Change ☒ Addition
NAME			1.2 NAME	CIPRIANO SALAZAR	
STREET ADDRESS			1.3 STREET ADDRESS	249 Rebecca Drive, San Dimas CA 91773	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE			2.1 TITLE	Director	☐ Change ☒ Addition
NAME			2.2 NAME	DOMINGO A. SANTIAGO	
STREET ADDRESS			2.3 STREET ADDRESS	Unit 24-D Gilmore Townhomes, Granada Ave,QC Phils	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE			3.1 TITLE	Director	☐ Change ☒ Addition
NAME			3.2 NAME	JOSE MANANZAN	
STREET ADDRESS			3.3 STREET ADDRESS	2208 Calle Escarlata, San Dimas CA 91773	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE	Director	☐ Change ☒ Addition
NAME			4.2 NAME	ANTONIO MADRID	
STREET ADDRESS			4.3 STREET ADDRESS	9 Coppercrest Street, Aliso Viejo, CA 92656	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	JOSE VICENTE CUISON	
STREET ADDRESS			5.3 STREET ADDRESS	6324 Crebs Avenue, CA91335	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE	Director	☐ Change ☒ Addition
NAME			6.2 NAME	AVELINO CRUZ	
STREET ADDRESS			6.3 STREET ADDRESS	1573 Cypress Street, Dasmarinas Village<makait Phils	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
TITLE			4.1 TITLE	Director	☐ Change ☒ Addition
NAME			4.2 NAME	JAIME NIGUIDULA	
STREET ADDRESS			4.3 STREET ADDRESS	1804 Calle Velleza, Rowland Heights, Ca 91748	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE	Director, Chairman of the Board	☐ Change ☐ Addition
NAME			5.2 NAME	BENJAMIN PALMA GIL	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: ROMMEL R. GARCIA. President /CEO,Vice Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date