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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000081844 (8) DOCUMENT

AMERICAS REMITTANCE CORPORATION

Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. SUITE 401 SUITE 401 DO NOT WRITE IN THIS SPACE MIAMI FL 33181 MIAMI FL 33181 3. Date Incorporated or Qualified 10/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0702611 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ΠNο Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NANNINI, MAURO 12000 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 401 MIAMI FL 33181 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 (NOTE: Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE TITLE NANNINI, MAURO 1.2 NAME NAME 12000 BISCAYNE BLVD. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33181 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE FERNANDEZ, GUILLERMO 22 NAME NAME STREET ADDRESS 12000 BISCAYNE BLVD. 2.3 STREET ADDRESS MIAMI FL 33181 2, 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TIT! F 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. 1 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 of 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 a trace the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 a trace that the Information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information Information Information Information Informatio

6,3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21 1998 8:00am

Secretary of State