

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000009290 (2)**  
 1. Corporation Name  
**MIAMI BEACH CURRENCY & SERVICE EXCHANGE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**18090 COLLINS AVE. STE T4  
 NO MIAMI BEACH FL 33160**

Mailing Address  
**18090 COLLINS AVE. STE T4  
 NO MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified  
**01/24/1997**

2. Principal Place of Business  
**1610 Collins Avenue**  
 Suite, Apt. #, etc.  
**Miami Beach**  
 City & State  
**Florida**  
 Zip  
**33139**

21. **1610 Collins Avenue**  
 22. **Miami Beach**  
 23. **Florida**  
 24. **33139**

2a. Mailing Address  
**P.O. Box 398008**  
 Suite, Apt. #, etc.  
**Miami Beach**  
 City & State  
**Florida**  
 Zip  
**33239**

26. **P.O. Box 398008**  
 27. **Miami Beach**  
 28. **Florida**  
 29. **33239**

4. FEL Number  
**65-0743861**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DIGEMOSE, CHRISTIAN**  
**18090 COLLINS AVE. STE T4 - 1610 Collins Ave**  
**NO MIAMI BEACH FL 33160 33139**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**1610 Collins Avenue**  
 83. **Miami Beach**  
 84. City  
**FL** 85. Zip Code  
**33139**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIGEMOSE, CHRISTIAN</b>	1.2 NAME	
STREET ADDRESS	<b>18090 COLLINS AVE. STE T4</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI BEACH FL 33160</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]*

01-31-98 305-531-8415

CR2E034 (10/97)