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

Apr 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 199% DIVISION OF CORPORATIONS DOCUMENT # 486584 J.C. CASH, INC. Principal Place of Business Mailing Address 60 E. HIALEAH DRIVE HALEAH FL-93010-5215. SV-4E 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1996 10/21/1975 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 59-1626155 21 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Country 6. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONDINANZO, JUAN C 61 4410 S.W. 124 AUP 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 3302 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect river, of registered agent and the it approcable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) OFFICERS AND DIRECTORS 13 DITETE Change Addition 1.1 1/11/8 TITLE CONDINANZO, JUAN CARLOS NAME 1.2 NAME 4410 S.W. 124 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP 1.4 CITY - ST - ZIP 8 0055ADA DELETE 2.1 TITLE ☐ Change Addition TITLE NELIDA I. NAME 2.2 NAME 15790 KINGSMOOR WAY STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES Ft 33014 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addilion TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DILETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE Addition TITLE 5.1 TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - S1 - ZIP DELETE Addition TITLE 6.1 TITLE -04/01/98--01008--028 NAME 62 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-7IP 14. I do hereby certify that the information supplianformation indicated on this annual report in Lam an officer or director of the corporative appears in Block 12 or block 13 if change. lling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

wittl armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that river or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED