

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F11977** (8)

1. Corporation Name:
MIAMI COIN EXCHANGE INC.

Principal Place of Business	Mailing Address
2450 S.W. 137TH AVE STE. 212 MIAMI FL 33175-6396 US	2450 S.W. 137TH AVE STE. 212 MIAMI FL 33175-6396 US

21. Principal Place of Business	26. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
24 Zip	25 County
29 Zip	30 County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2055150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has authority for intrastate tax under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
MARTIN, MICHAEL D 2450 S.W. 137TH AVE STE. 212 MIAMI FL 33175	<table border="1"> <tr> <td>B1 Name</td> <td>B5 Zip Code</td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td></td> </tr> </table>	B1 Name	B5 Zip Code	B2 Street Address (P.O. Box Number is Not Acceptable)	FL	B3		B4 City	
B1 Name	B5 Zip Code								
B2 Street Address (P.O. Box Number is Not Acceptable)	FL								
B3									
B4 City									

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Each 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 607.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES FOR OFFICERS AND DIRECTORS (N/A)	
12.1 TITLE: DP NAME: MARTIN, MICHAEL D STREET ADDRESS: 2450 S.W. 137TH AVE., STE. 212 CITY, ST, ZIP: MIAMI FL	13.1 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 2. NAME	
12.2 TITLE: ST NAME: MARTIN, MICHAEL D STREET ADDRESS: 2450 S.W. 137TH AVE., STE. 212 CITY, ST, ZIP: MIAMI FL	13.3 3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 3. NAME	
12.3 TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	13.5 4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 4. NAME	
12.4 TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	13.7 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 5. NAME	
12.5 TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	13.9 6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 6. NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.1101(2)(b), 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 its predecessor 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 of this report, or on an application with an address.

SIGNATURE: *Michael D. Martin* MICHAEL D. MARTIN, PRESIDENT 4/21/95 (305) 221-6652
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR