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

DOCUMENT # F95000002131 (9)

NATIONAL PAWN HOLDINGS, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	Mailing Address					181 1797 1881			
509 WEST 49TH ST. 509 WEST 49TH ST.									
HIALEAH FL 33012			HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							05/01/1995	1	
2. Principal Pl	ace of Business		2a, Mailing Address					plied For	
	J. 49thst	ţ	26 1165 W.	49th 5	7		65-0558957	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc							S8.75	Additional	
22 307 27 207							5. Certificate of Status Desired L Fee Ri	political	
City & State City			City & State	City & State				May Be	
23 HIALEA FLO- 28								lo Fees	
Zip	Country		¬ Zip	Cou			This corporation owes or has paid the current year Internal to the current year.		
24 3301			20 33017	30	D/	DE	1 Sideflat Fields () to	No No	
	9. Name and Addres	s of Current R	egistered Agent		81	Name	10. Name and Address of New Registered Agent		
	AGOLNICK, JOEL S				ا'"	Name	:		
150 WEST FLAGLER ST., STE. 2701					82	Street	t Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33130					83				
					53				
					84	City	85 Zip	Code	
	<u>.</u>					_	FL ° ´°		
11. Pursuant t	to the provisions of Secti	ons 607.0502 at	nd 607.1508, Florida Sta	atutes, the al	DOVE	-named	d corporation submits this statement for the purpose of changing to progration's board of directors. I bereby accept the appointment as	s registered registered	
agent I a	m familiar with, and acce	pt the obligation	ns of, Section 607.0505	, Florida Stat	utes	i.	d corporation submits this statement for the purpose of changing i progration's board of directors. I hereby accept the appointment as		
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registal						nt signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	NO (1) 40	
12.		FICERS AND D	DELETE	13.	T1 E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition	
TITLE	CPS	MAN		1.2 N/					
HAME	RODRIGUEZ, J. R/	_				********		Į	
STREET ADDRESS 509 WEST 49TH ST.					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			ĺ	
CITY-ST-ZIP	HIALEAH FL 3301	2	DELETE	2.1 II		T - ZIP	Change	Addition	
TITLE	DVT	MON IO	L. OCCEPT				Unungs		
NAME	RODRIGUEZ, J. RA			2.2 N					
STREET ADDRESS	509 WEST 49TH S			1		ADDRESS			
CITY-ST-ZIP	HIALEAH FL 3301	2	☐ DELETE			T-ZIP	Change	Addition	
TITLE	D		בַ אננונינ	3.1 Ti			C. Change		
NAME	ZELAYA, JOHN C			3.2 N					
STREET ADDRESS	1 SE 3RD AVE., S	IE. 2250				ADDRESS		_	
CITY-ST-ZIP	MIAMI FL 33131		DELETE			T-ZIP	Channe	Addition	
TITLE	0		DELETE	4.1 1			DIABECTOR (D) Change	7. WILLIAM	
NAME	MAGOLNICK, ELE			4. 2 N			GUSTAVO A. BESIL 1165 W. 49th ST + do's		
STREET ADDRESS	730 MYRTLEWOO					ADDRESS	1165 W. 4740 ST TTOV		
CITY-ST-ZIP	KEY BISCAYNE FI	. 33149	Delete			T-ZIP	HINCAH, FLORIDA 33017	Addition	
TITLE			☐ DELETE	5.1 11			- Clange	LI AUDIUM	
NAME				5.2 N					
STREET ADDRESS						ADDRESS	S		
CITY-ST-ZIP			F1 22.222			T - ZIP	T 01	Addition	
TITLE			☐ DELETE	€1 T			☐ Change	Monition	
NAME				6.2 N					
STREET ADDRESS				63 S	TREET	ADDRESS	S		
CITY-ST-ZIP				6.4 C	ITY - S	T-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report of supplemental an rual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipt 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 change II or or a at attackment with an address.

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