

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005403 (7)**

1. Corporation Name
POPULAR CASH EXPRESS, INC.

Principal Place of Business
**5551 VANGUARD ST., STE. 100
ORLANDO FL 32819**

Mailing Address
**5551 VANGUARD ST., STE. 100
ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3470902	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent RIERA, JOSE J 5551 VANGUARD ST., STE. 100 ORLANDO FL 32819				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 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

Signature of person or persons authorized agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION, RICHARD L	1.2 NAME	
STREET ADDRESS	209 MUNOZ RIVERA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HATO REY PR 00918	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERENCIA, ROBERTO R	2.2 NAME	
STREET ADDRESS	2525 N. KEDZIE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60647	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIERA, JOSE J	3.2 NAME	
STREET ADDRESS	5551 VANGUARD ST., STE. 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	DCEO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGERMAN, JEROME S	4.2 NAME	
STREET ADDRESS	4009 WEST NORTH AVE., STE. 200	4.3 STREET ADDRESS	6200 N. Hiawatha, Suite 200
CITY-ST-ZIP	CHICAGO IL 60639	4.4 CITY-ST-ZIP	Chicago, IL 60646
TITLE	DV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGERMAN, GARY	5.2 NAME	
STREET ADDRESS	2 WEST MADISON ST.	5.3 STREET ADDRESS	6200 N. Hiawatha, Suite 200
CITY-ST-ZIP	OAK PARK IL 60302	5.4 CITY-ST-ZIP	Chicago, IL 60646
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ALVAREZ, BRUNILDA S	6.2 NAME	
STREET ADDRESS	209 MUNOZ RIVER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HATO REY PR 00918	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:

5-28-98

CR2E034 (10/97)