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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005403

1. Corporation Name

POPULAR CASH EXPRESS, INC.

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

Mailing Address
**6200 N. HIAWATHA
SUITE 200
CHICAGO IL 60646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

59-3470902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6200 N. Hiawatha

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Chicago, IL

Zip

24 60646

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**FERNANDEZ, JULIA MARIE
1344 NE 163RD STREET
NORTH MIAMI BEACH FL 33162**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **C**
NAME **CARRION, RICHARD L**
STREET ADDRESS **209 MUNOZ RIVERA AVE.**
CITY-ST-ZIP **HATO REY PR 00918**

TITLE **DV**
NAME **HERENCIA, ROBERTO R**
STREET ADDRESS **2525 N. KEOZIE AVE.**
CITY-ST-ZIP **CHICAGO IL 60647**

TITLE **DVT**
NAME **RIERA, JOSE J**
STREET ADDRESS **5551 VANGUARD ST., STE. 100**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DCEO**
NAME **GAGERMAN, JEROME S**
STREET ADDRESS **6200 N HIAWATHA, SUITE 200**
CITY-ST-ZIP **CHICAGO IL 60646**

TITLE **DV**
NAME **GAGERMAN, GARY**
STREET ADDRESS **6200 N HIAWATHA, SUITE 200**
CITY-ST-ZIP **CHICAGO IL 60646**

TITLE **D**
NAME **DE ALVAREZ, BRUNILDA S**
STREET ADDRESS **209 MUNOZ RIVER AVE.**
CITY-ST-ZIP **HATO REY PR 00918**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Jose J. Riera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99

Date

(773) 205-8300

Daytime Phone #

CR2E034 (1/98)