

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 018 ***150.00

DOCUMENT # F98000005307

1. Corporation Name

AMERICAN MONEY TRANSFER INC.

Principal Place of Business

906 W. VICTORIA AVE. UNIT A
MONTEBELLO CA 90640

Mailing Address

906 W. VICTORIA AVE. UNIT A
MONTEBELLO CA 90640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 900 Wilshire Boulevard

Suite, Apt. #, etc.

22 1222

City & State

23 Los Angeles, CA

Zip

24 90017

Country

25 U.S.A.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

SAME

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

TITLE COB ☐ DELETE
NAME GALEANA, LUIS ENRIQUE F
STREET ADDRESS BLVD. AVILA CAMACHO #1 PISO 8 DESPACHO 801
CITY-ST-ZIP COL. POLANCO MEXICO DF

TITLE T ☐ DELETE
NAME HERNANDEZ, VICTORIA B
STREET ADDRESS BLVD. AVILA CAMACHO #1 PISO 8 DESPACHO 801
CITY-ST-ZIP COL. POLANCO MEXICO DF

TITLE D ☐ DELETE
NAME GALEANA, SERGIO I
STREET ADDRESS BLVD. AVILA CAMACHO #1 PISO 8 DESPACHO 801
CITY-ST-ZIP COL. POLANCO MEXICO DF

TITLE P ☐ DELETE
NAME WASSERMAN, MAX S
STREET ADDRESS VIA 8 2 NL 255 / VILLA FONTANA CAROLINA
CITY-ST-ZIP 00630 PUERTO RICO

TITLE V ☐ DELETE
NAME MONTERO, RAFAEL V
STREET ADDRESS 5902 BRIGE GATE DR.
CITY-ST-ZIP SPRING TX 77373

TITLE S ☐ DELETE
NAME LEON, JOSE L
STREET ADDRESS 120 N. LINCOLN AVE.
CITY-ST-ZIP FULLERTON CA 92831

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME CARLOS GARCIA
1.3 STREET ADDRESS 2-Glaston IRVINE, CA 92606
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-99

Date

(213) 623-3831

Daytime Phone #

CR2E034 (11/98)