SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (8)K19381 UNIVERSAL CHECK CASHING, CORP. Principal Place of Business Mailing Address 1740 PALM AVENUE 1740 PALM AVENUE SUITE 9 SUITE 9 HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1988 02/14/1995 Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 2a. 65-0046804 Not Applicable 21 26 Suite, Apt #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JORDAN, SERGIO Street Address (P.O. Box Number is Not Acceptable) 82 1740 PALM AVENUE SUITE 9 83 HIALEAH FL 33010 Zip Code 85 ions at Sections \$17,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provi Ac State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered the obligations of Section 607.0505, Florida Statutes. 7-14-96 SERBIO JORDAN SIGNATURE gistered Agent signature required when reinstating) me of registered agent and title if applicat (3/3)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition DELETE 1.1 TITLE TITLE JORDAN, SERGIO 1.2 NAME CR2E034 NAME 1390 W 72 ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 14 CITY - \$1 - ZIP CITY - ST - ZIP DELETE 21 TifLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - ST-ZIP DELETE Change Addition 3.1 TOTLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition DELETE 41 TILLE TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADORESS 4.4 CITY -ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 HILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and hanged, or on an attachment with an address that my name appears in 7-16-96 AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR SIGNATURE: