FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 21 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96568 (5)

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DO NOT WRITE IN THIS SPACE.

1. Corporation Name
TONYS PAWN SHOP, INC.
D.B.A. THE JEWELRY'S PALACE

Principal Place of Business: [redacted]

Mailing Address: [redacted]

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21 2360 W. 68th ST. # 119
22 Suite, Apt. #, etc.
23 City & State: Hialeah, Florida
24 Zip: 33016
25 Country: U.S.A

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0210854 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: FRANCISCO CALVO
82 Street Address (P.O. Box Number is Not Acceptable): 2225 S.W. 83rd CT.
83
84 City: Miami FL 85 Zip Code: 33155

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: Francisco Calvo — 1-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/S/T/ D	[X] Change [ ] Addition
12 NAME	FRANCISCO CALVO	
13 STREET ADDRESS	2225 S.W. 83rd CT.	
14 CITY-ST-ZIP	Miami, Fl. 33155	
21 TITLE	VP/VS/ D	[X] Change [ ] Addition
22 NAME	ANN CALVO PACHECO	
23 STREET ADDRESS	2225 S.W. 83rd. CT.	
24 CITY-ST-ZIP	Miami, Fl. 33155	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

DEPT OF STATE 450053
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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 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: FRANCISCO CALVO — 1-31-95 — 305- 828-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001610 CF