

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M27022 (6)**

1. Corporation Name
MORE MONEY INC.



Principal Place of Business: **8835 SW 40 ST MIAMI FL 33165**
Mailing Address: **8835 SW 40 ST MIAMI FL 33165**

2. Principal Place of Business: **21 8377 SW 40 st.**
State, Apt. #, etc.: **22 MIAMI**
City & State: **23 MIAMI FL**
Zip: **24 33155** County: **25 DADE**

2a. Mailing Address: **26 same**
State, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** County: **30**

3. Date Incorporated or Qualified: **02/06/1986** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2637191** 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 has liability for intangible tax under s. 193.039, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GARCIA, CARLOS
8835 SW 40 ST
MIAMI FL 33165**

10. Name and Address of New Registered Agent
81 Name: DIANA S. GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 8377 SW 40 st.
83 MIAMI FL
84 City, FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as provided in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, as of the appointment as registered agent, I am familiar with and hold out to the public, as of, Section 607.0603, Florida Statutes.
DIANA S. GARCIA 4/16/96

SIGNATURE: *[Signature]*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS	
STREET ADDRESS	8835 SW 40TH ST	
CITY, ST, ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GARCIA, DIANA SAIZ	
STREET ADDRESS	8835 SW 40TH ST	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	8377 SW 40 ST	
14 CITY, ST, ZIP	MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	8377 SW 40 st.	
24 CITY, ST, ZIP	MIAMI FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, shareholder, partner, 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 of this filing, or an attached filing with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 305 261 1517
305 227 0217

CR2E034 (12/95)