

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

CORPORATION
ANNUAL REPORT

1995 *5-1-95*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:20

DOCUMENT # **P93000015218 (9)**

1. Corporation Name

DOLPHIN REMITTANCE, INC.

Principal Place of Business

150 SE 2ND AVE.
SUITE 1102
MIAMI FL 33131
US

Mailing Address

150 SE 2ND AVE.
SUITE 1102
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/22/1993** 3a. Date of Last Report **08/15/1994**

4. FEI Number **65-0395254** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

24. Zip

Country

2a. Mailing Address

26. **150 S.E. 2nd. Avenue**

27. Suite, Apt. #, etc

Suite 1104

28. City & State

Miami, FL

29. Zip

33131

Country

USA

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL
151 MAJORCA AVE
CORAL GABLES FL 33134**

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 the # applicable)

(PRINT) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	GURGEL, EDUNDO JR
STREET ADDRESS	150 SE 2ND AVE., STE. 1102 X
CITY ST ZIP	MIAMI FL
TITLE	VT
NAME	PESSOA, REINER
STREET ADDRESS	150 SE 2ND AVE., STE. 1102 Y
CITY ST ZIP	MIAMI FL
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	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	GURGEL, Edmundo Jr.	
13. STREET ADDRESS	150 S.E. 2nd. Avenue, # 1104	
14. CITY ST ZIP	Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	VT	
22. NAME	PESSOA, Reiner	
23. STREET ADDRESS	150 S.E. 2nd. Avenue, # 1104	
24. CITY ST ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY ST ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY ST ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY ST ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 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:

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

Date

(305) 579-0076

Expiry Date