

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.0102 and 607.1506, 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, Sections 607.1506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	GURGEL, EDUNDO JR	
STREET ADDRESS	150 SE 2ND AVE., STE. 1102	
CITY, ST, ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PESSOA, REINER	
STREET ADDRESS	150 SE 2ND AVE., STE. 1102	
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

1. TITLE	Andre Luiz Ceciliano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12. NAME	PRESIDENT	
13. STREET ADDRESS	150 SE 2nd Ave #1102	
14. CITY, ST, ZIP	Miami, FL 33131	
2. TITLE	Renildo Ferreira Concussao	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
22. NAME	Vice president	
23. STREET ADDRESS	150 SE 2nd Ave #1102	
24. CITY, ST, ZIP	Miami, FL 33131	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
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 supplementary 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 reporter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/96 (305) 579-0074

CR2E034 (12/95)