

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

APPROVED  
AND  
FILED

98 DEC 17 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998 AMENDMENT

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

DOCUMENT # P93000015218

1. Corporation Name  
DOLPHIN REMITTANCE, INC.

Principal Place of Business: 150 S.E. 2ND AVENUE SUITE 1102 MIAMI, FL 33131  
 Mailing Address: 150 S.E. 2ND. AVE. SUITE 1102 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02-22-1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 150 S.E. 2ND AVE. Suite, Apt. #, etc.: 22 1107 City & State: 23 MIAMI, FL Zip: 24 33131 Country: 25 USA

2a. Mailing Address: 26 150 S.E. 2ND AVE. Suite, Apt. #, etc.: 27 1107 City & State: 28 MIAMI, FL Zip: 29 33131 Country: 30 USA

9. Name and Address of Current Registered Agent  
 GABRIEL PRATS, CPA.  
 2121 PONCE DE LEON BLVD.# 240  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CECILIANO, ANDRE L.	
STREET ADDRESS	150 S.E. 2ND AVE. # 1102	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PESSOA, REINER	
STREET ADDRESS	150 S.E. 2ND AVE.# 1102	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONCEICAO, RENILDO F.	
STREET ADDRESS	150 S.E. 2ND AVE.# 1102	
CITY-ST-ZIP	MIAMI, FL 33131.	
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

1.1 TITLE	P, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONCEICAO, RENILDO F.	
1.3 STREET ADDRESS	150 S.E. 2ND AVE. # 1107	
1.4 CITY-ST-ZIP	MIAMI, FL 33131.	
2.1 TITLE	VTSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PESSOA, REINER	
2.3 STREET ADDRESS	150 S.E. 2ND AVE.# 1107	
2.4 CITY-ST-ZIP	MIAMI, FL 33131.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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12/7/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: 12/7/98 DAYTIME PHONE #: (305) 575-0076

CR2E034 (5/98)