

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90138 004 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000015218**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>02/22/1993</b>	
4. FEI Number <b>65-0395254</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Gabriel Prats</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>2121 Yonce de Leon Blvd.</b>		
83 Suite <b>Suite 240</b>		
84 City <b>Coral Gables</b>	85 State <b>FL</b>	86 Zip Code <b>33134</b>

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 \_\_\_\_\_ DATE **4-15-99**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<b>VP, T, S, D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PESSOA, REINER</b>
1.3 STREET ADDRESS	<b>150 SE. 2nd Avenue, # 1102</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33131.</b>
2.1 TITLE	<b>D, C, P.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CONCEICAO, RENILDO</b>
2.3 STREET ADDRESS	<b>150 SE. 2nd. Avenue, # 1102</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
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	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **April 20, 1999 (308) 579-0076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20934 (11/98)