

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90058 017 ***150.00

DOCUMENT # P93000018564

1. Corporation Name
MIAMI E.S. CASH, INC.

Principal Place of Business
2430 N.W. 36TH ST.
MIAMI FL 33142

Mailing Address
2430 N.W. 36TH ST.
MIAMI FL 33142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

65-0393274

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCOBAR, SOTERO

2430 N.W. 36TH ST.

MIAMI FL 33142

16276 SW 10th Street

PEMBROKE PINES, FL 33027

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ESCOBAR, SOTERO
STREET ADDRESS 6331 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE VD ☐ DELETE
NAME ESCOBAR, SOTERO JR
STREET ADDRESS 6331 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE TD ☒ DELETE
NAME ESCOBAR, VIRGINIA
STREET ADDRESS 6331 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE SD ☐ DELETE
NAME ESCOBAR, JOHNY
STREET ADDRESS 6331 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE
NAME ESCOBAR, JESUS
STREET ADDRESS 6331 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME President / Dir
4.3 STREET ADDRESS ESCOBAR, JOHNY
4.4 CITY-ST-ZIP 16276 SW 10th Street
PEMBROKE PINES, FL 33027

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME TD
6.3 STREET ADDRESS LIA RODRIGUEZ
6.4 CITY-ST-ZIP 17450 SW 22nd Street
MIRAMAR, FL 33029

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: LIA RODRIGUEZ LIA RODRIGUEZ, TD

4/27/99

305-635-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0211905