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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000033097 (5)

U S A MONEY EXCHANGE OF BROWARD COUNTY, INC.

Principal Place of Business

FILED Apr 25 1997 8:00am Secretary of State



i illicipai i ic	the or positions	waning Address									
235 & ATLANTIC BLVD FT LAUDERDALE FL 33016			235 \$ ATLANTIC BLVD FT LAUDERDALE FL 33316-1507								
				•			Date Incorporated or Qualified 05/04/1993	3a. Date of Last Report 04/04/1996			
2. Principal	Place of Business	2a. Mailing Addre	ess			4.	FEI Number			Applied For	
21		26					65-0414973			Not Applicable	
Suite, Ap		Suite, Apt. #,	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
. City & St.	ate	City & State 28					Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip 24	Country 25	Zip 29	¬			8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes XNo				
	9. Name and Address of Currer	t Registered Agent				10.	Name and Address of New Re	gistered /	gent		
LC	PRENZ, MANFRED K			81	Name						
235 1/2 S. ATLANTIC BLVD. FT. LAUDERDALE FL 33016				82	Street /	Address (P	O. Box Number is Not Acceptab	ole)	·		
				В3						.	
				84	City			FL	85 Z	p Code	
11. Pursuar office of	nt to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florid of Florida, Such chang	a Statutes, the se was authori	above zed by	named the corp	corporation poration's b	n submits this statement for the popard of directors. I hereby accep		changing pintment	g its registered as registered	
agent. I SIGNATURE	am familiar with, and accept the oblig-	ations of, Section 607.0	J505, Florida S	tatutes	S .						
DIGNATURE	Signature, typed or printed name of registered age	ss and tile if applicable	(NOTE: Regist	ored Age	ent signature	required when	reinstating)	DATE			
12.		D DIRECTORS	1:	3.		P	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT		
TITLE	PD	☐ DEL	LETE 1.	TITLE					Chang	e 🔲 Addition	
NAME	LORENZ, MANFREDS K		1.3	NAME	1						
STREET ADDRESS			1.3	3 STREET	ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33332			CITY-S	1 - ZIP						
TITLE	SD	☐ DEL	DELETE 2111		2 1 111LE				Chang	e 🔲 Addition	
NAME	LORENZ, MARIE-HELENE		22 N								
STREET ADDRESS			2.3 ST								
CITY-ST-ZIP	FT. LAUDERDALE FL 33332			4 CHY-5	SI - ZIP						
TITLE		□ DEL	LETE 3.	1 THTL f					☐ Chang	e L Addition	
NAME	1		3.	2 NAME	ľ					1	
STREET ADDRESS	s		3.	3 STAEE 1	ADDRESS						
CITY-ST-ZIP				4 CHY-S	ST-ZIP						
TITLE		☐ DEL	.E1E 4.	1 TITLE					Chang	e	
NAME			4.	2 NAME							
STREET ADORESS	s (4.3	3 STREET	ADDRESS	l					
CITY-ST-ZIP				4 CHY-S	I - 7IP	ļ					
TITLE		□ D£I	LÉTE 5	THLE					☐ Chang	e 🔲 Addition	
NAME			5	2 NAME	-	1					
STREET ADDRESS	s		5.3	3 STREET	ADDRESS						
CITY-ST-ZIP				4 CITY-S	1 - ZIP						
TITLE		☐ DE	LETE 6.	1 TITLE					Chang	e Addition	
NAME			G.	2 NAME		İ					
STREET ADDRESS	s		6.	3 STREEL	ADDRESS	İ					
CITY-ST-ZIP			6	4 CITY - S	T- 21P	1					
	eby certify that the information supplie	d with this filing doos o				tated in Se	ction 110 07/3Vi) Florida Statuta	e I further	cortify th	of the	

in the first second quality in the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the left annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that do not provide the original statutes; and that my name accurate with an address.