FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066205 (4)

1. Corporate Name
A & J PAWN SHOP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1518 S STATE ROAD 7 HOLLYWOOD FL 33023	1518 S STATE ROAD 7 HOLLYWOOD FL 33023

3. Date Incorporated / Qualified: 09/23/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business 21	2a. Mailing Address 26 1800 S.W. 1 ST	4. FEI Number 65-0438156	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 312	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 33135 / 30 DADE	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARDINAS, JORGE 1635 S.W. 19 TERR. MIAMI FL 33135	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 617.1905 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: (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SARDINAS, JORGE	12 NAME	
STREET ADDRESS	1635 S.W. 19TH TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SARDINAS, CARMITA	22 NAME	
STREET ADDRESS	1635 SW 19TH TER	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: X (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Title) (Daytime Phone #)

0000614 CP