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

## PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Mar 23 1998 8:00am Sandra B. Mortham Secretary of State

**FILED** 

	MENT # P94000 MONEY INC.	010090 (6)			84. 8644 E814 1814 8814 1881
Principal Place of Business Mailing Address					EIK 00111 00110 10112 1011 1001
1755 S.W. BTH	I ST.	1755 S.W. 8TH ST.			
MIAMI FL 33135 MIAMI FL 33135				DO NOT WOITE IN THE	00000
·				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
				02/08/1994	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 175	C S.W. 814 ST.	26 1755 5-W.	8 TIL ST -	65-0466383	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		G. Commodio of States Desired	Fee Required
City & State	Mi, PLA	City & State	fla.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z 10 5 10	Country	- 3°213 × 1	Country V-5 A	8. This corporation owes or has paid the c	
24 331	20 0		30 V-5-A	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  ACCITA MANUEL					
MOUDIN, MAITUEL					
MIAMI FL 33184			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
· ·	MII 1 E 60 10 1		83		
			54 Ob		last 7:- C-d-
Ì			64 City	F	S5 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, byted or printed name of registered agent and life if applicable (NOTE: Registered Agent algent agent agent agent and life if applicable (NOTE: Registered Agent algent agent age					
12.	OFFICERS AND	-,	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ACOSTA, MANUEL		1.2 NAME		
STREET ADDRESS	922 S.W. 119TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY - ST - ZIP		
TITLE	SVD	☐ DELETE	2.1 TITLE		L. Change L. Addition
NAME	ACOSTA, MARIA J		. 2.2 NAME		
STREET ADDRESS	922 S.W. 119TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184	T occurr	2. 4 CITY-ST-ZIP		D Observe C Address
TITLE		☐ DELETE	31 TITLE		L. Change L. Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del></del>	4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	:	
CITY-ST-ZIP	ertify that the information supraised with	h this filma does not avality fo	6.4 City-St-ZiP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplied with this him gloss for quality or the exemption stated in occurn 19.07(3)th, Florida statutes, intrinsic ording 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 progressive 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 a true true true true that my name appears in the corporation of the progressive true true true true.