

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000030375 (7)

1. Corporation Name  
E M CASH & CHECK CORP.



Principal Place of Business

1157 NW 22 AVE  
MIAMI FL 33125

Mailing Address

1157 NW 22 AVE  
MIAMI FL 33125-2738

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

06/13/1996

2. Principal Place of Business

21 1157 NW 22 AVE

2a. Mailing Address

26 1157 NW 22 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

33125

Country

25 USA

29 Zip

33125

Country

30 USA

4. FEI Number

65-0486195

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GULIERREZ, JOAO  
5714 S.W. 37TH ST.  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name JOAO GULIERREZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
5714 SW 37 ST  
83  
84 City HOLLYWOOD FL 85 Zip Code 33023

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

JOAO GULIERREZ

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	GUTIERREZ, JOAO	
STREET ADDRESS	5714 SW 37 ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SH	DELETE
NAME	GUTIERREZ, NEREIDA A	
STREET ADDRESS	5714 SW 37 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SHD	DELETE
NAME	HERNANDEZ, MAYRENE	
STREET ADDRESS	1100 SW 32 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	Change	Addition
1. NAME	JOAO GULIERREZ		
1.3 STREET ADDRESS	5714 SW 37 ST		
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33023		
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			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

JOAO GULIERREZ

2/7/97

(305) 644-2296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)