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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P94000035334 (9)**

1. Corporation Name

EL PODER DE SU DINERO ENTERPRISES, INC.



Principal Place of Business

**1280 S POWERLINE RD
SUITE 714
POMPANO BEACH FL 33069**

Mailing Address

**1280 S POWERLINE RD
SUITE 714
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
10/09/1995

2. Principal Place of Business

21 **667 PONCE DE LEON AV**

2a. Mailing Address

26 **667 PONCE DE LEON AV**

Suite, Apt. #, etc.

22 **# 253**

Suite, Apt. #, etc.

27 **# 253**

City & State

23 **SAN JUAN, PR**

City & State

28 **SAN JUAN, PR**

Zip

24 **00907**

Country

25 **USA**

Zip

29 **00907**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**LUCIANO, CARMEN A
2217 CYPRESS ISLAND DR
#202
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **LUCIANO, CARMEN**
STREET ADDRESS **1280 S POWERLINE RD SUITE 714**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DVS** ☐ DELETE
NAME **ORTIZ, CARMEN**
STREET ADDRESS **1280 S POWERLINE RD SUITE 714**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVS** ☒ Change ☐ Addition
1.2 NAME **LUCIANO, CARMEN**
1.3 STREET ADDRESS **2217 CYPRESS ISLAND DRIVE #202**
1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **ORTIZ, CARMEN D.**
2.3 STREET ADDRESS **2217 CYPRESS ISLAND DRIVE #202**
2.4 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN A. LUCIANO

4/23/96

Date

Daytime Phone #

(954) 975-3473

CR2E034 (12/95)