SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary # State DIVISION OF CURPORATIONS 1996 P94000039854 (2) **DOCUMENT #** SOUTH FLORIDA CHECK CASHER'S INC. Mailing Address Principal Place of Business 5226 NW 17TH AVENUE 5226 NW 17TH AVENUE MIAMI FL 33142 MIAM! FL 33142 3a. Date of Last Report Date Incorporated or Qualified 05/19/1994 08/25/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business APPLIED FÖR Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangib<u>le tax under s. 199 032</u> Country Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name OSMAN, JACK Street Address (P.O. Box Number is Not Acceptable) 82 %MICHAEL J OSMAN, P.A. 1428 BRICKELL 83 MIAMI FL 33131 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Land anuitar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 THILE TITLE CR2E034 1.2 NAME OSMAN, JACK NAME 1428 BRICKELL AVE 1.3 STREET ADDRESS STREET ADDRESS **MAIMI FL 33131** CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY-SI-ZIF Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Addit on Change DELETE 417 TITLE ME. NAME EL ADDRESS STREET ADDRESS -ST-Z(P CITY -ST-ZIP Change Addition DELETE 51 TOUR 52 NAME CET ADDRESS 5.3 STREET ADDRESS Y-SI-ZIP CITY - ST - ZIP DELETE 6: TITLE 62 NAME NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 2IP 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 1 further certify that the information indicated on this and if report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am an officer of prector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statuten, and that my name appears in Block 13. of larged, or on an attachment with an address.

OSMAN

SIGNATURE: