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 31 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057415 (9)**

1. Corporation Name
T.R.U. CHECKS CASHING INC.

Principal Place of Business	Mailing Address
1430 W. 49 STREET SUITE 160 HIALEAH FL 33012	1430 W. 49 STREET SUITE 160 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 15476 N.W. 77 CT.
22 Suite, Apt. #, etc.: SUITE 281
23 City & State: MIAMI LAKES FLA.
24 Zip: 33016
25 Country: DADE

2a. Mailing Address
26: 15476 N.W. 77 CT.
27 Suite, Apt. #, etc.: SUITE 281
28 City & State: MIAMI LAKES FLA.
29 Zip: 33016
30 Country: DADE

4. FEI Number: 65-0508733 ☐ 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

NAVARRO, GUSTAVO
1430 W. 49 STREET
SUITE 160
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: GUSTAVO NAVARRO
82 Street Address (P.O. Box Number is Not Acceptable): 15476 N.W. 77 CT. SUITE 281
83
84 City: MIAMI LAKES FL 85 Zip Code: 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	NAVARRO, GUSTAVO	12 NAME	GUSTAVO NAVARRO
STREET ADDRESS	1430 W. 49 STREET, SUITE 160	13 STREET ADDRESS	15476 N.W. 77 CT. SUITE 281
CITY-ST-ZIP	HIALEAH FL 33012	14 CITY-ST-ZIP	MIAMI LAKES FL. 33016
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

$876/29

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 if changed, added or on an attachment with an address.

SIGNATURE: GUSTAVO NAVARRO 4-4-95 (305)822-2342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001912 CR