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 MAR -6 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000058883 (7)

1. Corporation Name
MIRAMAR CHECK CASHERS, INC.

Principal Place of Business
7770 W OAKLAND PARK BLVD
SUNRISE FL 33351

Mailing Address
7770 W OAKLAND PARK BLVD
SUNRISE FL 33351

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3368 SO. UNIVERSITY DR
22 Suite, Apt. #, etc.
23 City & State: MIRAMAR, FL.
24 Zip: 33025
25 Country: USA

2a. Mailing Address
26 3368 SO. UNIVERSITY DR.
27 Suite, Apt. #, etc.
28 City & State: MIRAMAR, FL.
29 Zip: 33025
30 Country: USA

4. FEI Number: 65-0507896 ☐ 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
SALOMONE, MICHAEL J
7770 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name: JOAN SLOVIN
82 Street Address (P.O. Box Number is Not Acceptable): 3368 SO. UNIVERSITY DRIVE
83
84 City: MIRAMAR FL
85 Zip Code: 33025

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: Joan Slovin JOAN SLOVIN PRESIDENT 3/1/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLOVIN, JOAN
STREET ADDRESS	11288 NW 14 CT
CITY-ST-ZIP	PEMBROKE PINES FL 33026

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	JOAN SLOVIN	
1.3 STREET ADDRESS	3368 SO. UNIVERSITY DRIVE	
1.4 CITY-ST-ZIP	MIRAMAR, FL. 33025	
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. [illegible] I further certify that the information in the [illegible] 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 [illegible] Florida Statutes, and that my name [illegible]

SIGNATURE: Joan Slovin JOAN SLOVIN 3/1/95 305-435-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0030114 CP