

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000068226 (7)

1. Corporation Name

MONEY NOW, INC.



Principal Place of Business

Mailing Address

424 SW 183RD WAY  
PEMBROKE PINES FL 33029

424 SW 183RD WAY  
PEMBROKE PINES FL 33029

2. Principal Place of Business

2a. Mailing Address

21 3623 NW 2nd AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State  
23 MIAMI, FLORIDA

27  
City & State

24 Zip 33127 25 Country USA

29 Zip 30 Country

g. Name and Address of Current Registered Agent

OROZCO, ALEX  
424 SW 183RD WAY  
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

05/22/1995

4. FEI Number

65-0520132

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when requesting filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME OROZCO, ALEX  
STREET ADDRESS 424 SW 183RD WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ DELETE

TITLE DS  
NAME OROZCO, MARCELA  
STREET ADDRESS 424 SW 183RD WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ DELETE

TITLE DT  
NAME AMADOR, CATHY M  
STREET ADDRESS 741 SW 99TH TERR.  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

ALEX OROZCO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

(305) 576-4049

Daytime Phone #

CR2E034 (12/95)