

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068226 (7)

1. Corporation Name

MONEY NOW, INC.

Principal Place of Business

424 SW 183RD WAY
PEMBROKE PINES FL 33029

Mailing Address

424 SW 183RD WAY
PEMBROKE PINES FL 33029



2. Principal Place of Business

21 **3623 NW 2nd AVE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33127**

Country

25 **USA**

27 City & State

28

Zip

29

Country

30

9. 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

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 changing title)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROZCO, ALEX		1.2 NAME	
STREET ADDRESS	424 SW 183RD WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROZCO, MARCELA		2.2 NAME	
STREET ADDRESS	424 SW 183RD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMADOR, CATHY M		3.2 NAME	
STREET ADDRESS	741 SW 99TH TERR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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

Day/Time Phone #

CR2E034 (12/95)