FILE WITH FILING FEE AFTER MAY 1, 1995

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:22

DOCUMENT # P94000077489 (0)

1. Corporation Name
CASA DE CAMBIO DELGADO, INC.

Principal Place of Business	Mailing Address
79-08 ROOSEVELT AVENUE JACKSON HEIGHTS NY 11372	79-08 ROOSEVELT AVENUE JACKSON HEIGHTS NY 11372

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4214 16th Avenue
Suite, Apt. #, etc.
22
City & State
23 Hialeah Florida
Zip
24 33012
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 11-3265583 ☐ 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

REYES, ROSA L
4214 W 16TH AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: KATHERINE SANEDRA
82 Street Address (P.O. Box Number is Not Acceptable): 4214 W 16 AVE
83
84 City: HIALEAH FL 85 Zip Code: 33012

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Vice President, Director ☒ Change ☐ Addition
NAME	DELGADO, JEANETTE	12 NAME	Delgado, Jeanette
STREET ADDRESS	79-08 ROOSEVELT AVENUE	13 STREET ADDRESS	79-08 Roosevelt Avenue
CITY-ST-ZIP	JACKSON HEIGHTS NY 11372	14 CITY-ST-ZIP	Jackson Heights, NY 11372
TITLE		21 TITLE	President ☐ Change ☒ Addition
NAME		22 NAME	Delgado, Hector
STREET ADDRESS		23 STREET ADDRESS	79-08 Roosevelt Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Jackson Heights, NY 11372
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	

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 or added in an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0476434 FP