

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 23 1996 8:00 am

Secretary of State

DOCUMENT # P94000088684 (3)

1. Corporation Name

NATIONAL PAWN HOLDINGS A, INC.

Principal Place of Business

509 W. 49TH STREET  
HIALEAH FL 33012

Mailing Address

509 W. 49TH STREET  
HIALEAH FL 33012

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EWEN, HENRY  
1 S.E. THIRD AVENUE  
SUITE 2250  
MIAMI FL 33131

3. Date Incorporated or Qualified  
12/07/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0560732

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

81 Name

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

~~509 W. 49TH STREET~~

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 in the field above)

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RODRIGUEZ, JOSE RAMON  
STREET ADDRESS 509 W. 49TH STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE  
NAME RODRIGUEZ, JOSE RAMON JR.  
STREET ADDRESS 509 W. 49TH STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE  
NAME RODRIGUEZ, MARIA ELENA  
STREET ADDRESS 509 W. 49TH STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE  
NAME ZELAYA, JOHN C  
STREET ADDRESS 1 S.E. 3RD AVE., SUITE 2250  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE  
NAME EWEN, HENRY  
STREET ADDRESS 1 S.E. 3RD AVE., SUITE 2250  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
04/23/96 01036-031  
\*\*\*\*200.00 \*\*\*\*200.00

☐ Change ☐ Addition

000001790640  
-04/23/96--01036--032

\*\*\*\*\*8.75 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *J. Ramon Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Ramon Rodriguez, 4/14/96 821-4659

Date

Daytime Phone #

CR2E034 (12/95)

151  
4/23/96