


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000088684 (3)

1. Corporation Name
NATIONAL PAWN HOLDINGS A, INC.



Principal Place of Business 809 W. 49TH STREET HALEAH FL 33012	Mailing Address 509 W. 49TH STREET HALEAH FL 33012-3604
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/07/1994	3a. Date of Last Report 04/23/1996
				4. FEI Number 65-0560732	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

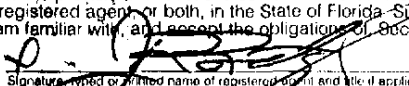
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

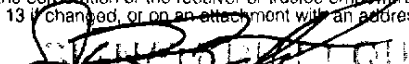
81 Name Jose Ramon Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)
509 W. 49th St.
83
84 City Hialeah FL 85 Zip Code 33012

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE RAMON	1.2 NAME	
STREET ADDRESS	509 W. 49TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE RAMON JR.	2.2 NAME	
STREET ADDRESS	509 W. 49TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA ELENA	3.2 NAME	
STREET ADDRESS	509 W. 49TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELAYA, JOHN C	4.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVE., SUITE 2250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWEN, HENRY	5.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVE., SUITE 2250	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE		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 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 on an attachment with an address.

SIGNATURE:  Jose P. Rodriguez

CR2E034 (9/96)