

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

1-2

DOCUMENT # P94000089579  
1. Corporation Name  
WYNWOOD CHECK EXPRESS &  
TELECOMMUNICATIONS, Inc.

Principal Place of Business Mailing Address

3012 NW 2 AVE  
MIAMI, FL 33127

|                                                                                                                                                               |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>12/12/94                                                                                                                 | 3a. Date of Last Report        |
| 4. FEI Number<br>65-0541424                                                                                                                                   | Applied for<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                     | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>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<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21. 3012 NW 2 AVE              | 26. Suite, Apt. #, etc |
| 22. Suite, Apt. #, etc         | 27. City & State       |
| 23. Miami, FL                  | 28. City & State       |
| 24. Zip 33127                  | 29. Zip                |
| 25. Country USA                | 30. Country            |

9. Name and Address of Current Registered Agent

Julio Piloto  
8390 SW 55th  
Miami, FL 33144

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               | FL           |
| SAME                                                   |              |

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 in 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]* PRES 4/24/96

| 12. OFFICERS AND DIRECTORS                     |                                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT/VICE/TREASURER<br>Julio Piloto<br>3012 NW 2 AVE<br>MIAMI, FL 33127 | 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 5. TITLE<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 9. TITLE<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 13. TITLE<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 17. TITLE<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                              | 25. TITLE<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(305) 573-5353

CR2E034 (12/95)

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP, 4. EVENTS

2-2

P94000089579

ENTER SELECTION AND CR:

4/18/96

CORPORATE DETAIL RECORD SCREEN

2:43 PM

NUM: P94000089579 ST:FL ACTIVE/FL PROFIT FLD: 12/12/1994

FEI#: APPLIED FOR

NAME : WYNWOOD CHECK EXPRESS & TELECOMMUNICATIONS, INC.

PRINCIPAL: 8390 S.W. 5TH ST.

ADDRESS MIAMI, FL 33144

RA NAME : PILOTO, JULIO

RA ADDR : 8390 S.W. 5TH ST.

MIAMI, FL 33144 US

ANN REP :

(1995) I 09/05/95

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:

4/18/96

OFFICER/DIRECTOR DETAIL SCREEN

2:43 PM

CORP NUMBER: P94000089579 CORP NAME: WYNWOOD CHECK EXPRESS & TELECOMMUNICATIO

TITLE: PD NAME: PILOTO, JULIO  
8390 S.W. 5TH ST.  
MIAMI, FL 33144

TITLE: STV NAME: PILOTO, JULIO  
8390 S.W. 5TH ST.  
MIAMI, FL 33144