

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000050384 (3)

1. Corporation Name

INTERNATIONAL MONEY EXCHANGE, INC.

904-  
488-9000



Principal Place of Business

Mailing Address

3531 BONAIRE BLVD  
#1413  
KISSIMMEE FL 34741

3531 BONAIRE BLVD  
#1413  
KISSIMMEE FL 34741

3. Date Incorporated or Qualified

3a. Date of Last Report

06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3364846

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

10. Name and Address of New Registered Agent

CHOKSI, DINESH  
201 PARK PL  
SUITE 207  
ALTAMONTE SPRINGS FL 32701

81 Name VIRBALA PATEL

82 Street Address (P.O. Box Number is Not Acceptable)  
3531 BONAIRE BLVD. #1413

83

84 City KISSIMMEE, FL 85 Zip Code 34741

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, on behalf of 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 of the person named as registered agent and for approval

(No FEI Number or Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME PATEL, HASMUKH D  
STREET ADDRESS 3531 BONAIRE BLVD #1413  
CITY-ST-ZIP KISSIMMEE FL 34741

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change Addition

TITLE VSD  
NAME PATEL, VIRBALA  
STREET ADDRESS 3531 BONAIRE BLVD #1413  
CITY-ST-ZIP KISSIMMEE FL 34741

DELETE

21 TITLE PTSD  
22 NAME VIRBALA PATEL  
23 STREET ADDRESS 3531 BONAIRE BLVD. #1413  
24 CITY-ST-ZIP KISSIMMEE, FL. 34741

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, 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

DATE

Signature Printed Name

CR2E034 (3/96)