

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000072581 (8)**

1. Corporation Name

MONEY IN ACTION, INC.



Principal Place of Business

**10300 SUNSET DRIVE #318
MIAMI FL 33173**

Mailing Address

**10300 SUNSET DRIVE #318
MIAMI FL 33173**

2. Principal Place of Business

21 **10300 SUNSET DR**

Suite, Apt. #, etc.

22 **# 318**

City & State

23 **MIAMI, FL**

Zip

24 **33173**

Country

25 **DADE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

4. FEI Number

65-0617350

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

**ALVAREZ, VICTOR N MR
10300 SUNSET DRIVE #318
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

SOME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Victor N. Alvarez

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
ALVAREZ, VICTOR N MR
10300 SUNSET DRIVE #318
MIAMI FL 33173**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP ☐ Change ☐ Addition

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. 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 in person; 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Victor N. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E034 (12/95)