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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074941 (2)

1. Corporation Name

MEX-MONEY EXPRESS, CORP.

Principal Place of Business

3100 N.W. 72ND #129
MIAMI FL 33122

Mailing Address

3100 N.W. 72ND #129
MIAMI FL 33122-1335



3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

04/08/1996

4. FEI Number

65-0610093

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

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

10. Name and Address of New Registered Agent

COLONNO, MAURICIO
9077 S.W. 138TH PLACE
MIAMI FL 33186

81 Name

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 607.1508, 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 and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MATROWITZ, MARCOS G
STREET ADDRESS RUA LACEDEMONIA 253 APT 162 VILA ALEXANDRI
CITY-ST-ZIP CEP-04634-020 SAO PAULO

☐ DELETE

TITLE VD
NAME POLONI, MARIO J
STREET ADDRESS RUA LEFOSSE #249 ALTO DA MOOCA
CITY-ST-ZIP CEP-03350-083

☐ DELETE

TITLE SD
NAME COLONNO, MAURICIO
STREET ADDRESS 9077 S.W. 138TH PLACE
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE TD
NAME TOLOMEI, JOAO E
STREET ADDRESS RUA NARCISO STURLINI #567 APT 92
CITY-ST-ZIP CENTRO OSASCO SP CEP-06018100

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

[Handwritten Signature]

02E034 (9/96)