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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000095167 (9) **DOCUMENT #**

MATIONIAL	MONEYSAVERS.	ILIO
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District Or		· · · · · · · · · · · · · · · · · · ·					
	ace of Business		iling Address				
MIAMI FL 3	72 STREET #470C 33173		300 SW 72 STREET AMI FL 33173	#470C			
							3. Date incorporated or Qualified 12/15/1995
2. Principat 21	Place of Business	2a. 26	Mailing Address				4. FET Number Applied Fo Applied Fo Not Applie
22	pt. #, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi
Crty & St	tate	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	29	Zp	Coun	try		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ♠ No
	9. Name and Address of Curr	ent Regist	ered Agent			r	10. Name and Address of New Registered Agent
Denes	04 100P0U 4 10				31	Name	
	ra, Joseph a Jr Sw 72 Street #470C			8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)
	FL 33173			3	33		
				-	34	City	85 Zip Code
						- ",	ation submits this statement for the purpose of changing its registered of
SIGNATURE	Signature, typed or profession in Chinage Asset ag OFFICERS A			O F Finjulated A	Çen il	it signature to pered	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST		[] DELETE	. 1 1 lift	F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PEREIRA, JOSEPH A JR		2,1	1 2 NAM			C Subults C Your
STREET ADDRES		С				ADDRESS	
CITY - ST - ZIP	MIAM# FL 33173			1.4 CITY			
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CITY-ST-ZIP				5.4 City	- ST	T - 71P	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplied crital annual report is true and about ate 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 trusted 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

6.4 Cilly Sti-ZiP

54 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 FILE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

DELETE

Change

Addition