FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000036347 (8)

FILED Feb 04 1998 8:00am Secretary of State

l dori	D-N-CASH INC. II		•	4 30 541 20 5 10 60 60 E GLOVE 0 2105 0 2011 0	84)/ 88)88 11/48 8/488 14/4 8/84) (48) (48)
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Principal Pl	ace of Business	Mailing Address		- I CANDILLON (ON THINK AND IN MAINT OF	0114 00180 11418 01180 11411 04014 1604 (601
7291 NW 36 ST. 7291 NW 36 ST. MIAMI FL 33166					
					E IN THIS SPACE
ļ				3. Date Incorporated or Qualified	
2. Princina	I Place of Business	2a. Mailing Address		04/26/1996 4. FEI Number	A selled for
21	Triacy or Sasmoss	26		65-0672914	Applied For Not Applicable
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.		1	60.75
22		27		5. Certificate of Status Desired	Fee Required
City & S	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24	25	29	30	Personal Property Tax due June	
<u> </u>	9. Name and Address of Curre	int Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	CHANYING, JOAQUIN C		OI Maine		
	11629 SW 144 CT.		82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
•	MAMI FL 33186		83		
			63		
			84 City		FL 85 Zip Code
11. Pureuar	at to the provisions of Sections 607 050	02 and 607 1509. Florida Statu	tes the shave-named corr	poration culpmite this statement for the	
office o	r registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpora	poration submits this statement for the particular tion's board of directors. I hereby acce	pt the appointment as registered
agent.	i am raminar with, and accept the oblig	MINDOS OF SACHON BUY USOS F			
	_	gamento en boenen ber recor, i	ionda Statoles.		
SIGNATURE	Signature, typed or printed name of registered ag		If. Registered Agent signature requi		DATE
	Signature, typed or printed name of registered ag				DATE
SIGNATUR	Signature, typed or printed name of registored ag OFFICERS AN	ont and little if applicable (NO	TE Registered Agent signature requi	ired when reinstaling)	DATE
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN D CHANYING, JOAQUIN C	gent and little if applicable (NO ND DIRECTORS	1E Registered Agent signature requi	ired when reinstaling)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN OFFICERS AN CHANYING, JOAQUIN C 11629 SW 144 CT.	gent and little if applicable (NO ND DIRECTORS	13. 1.1 YI'LE	ired when reinstaling)	DATE CERS AND DIRECTORS IN 12
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14. I 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 charged, or on an attachment with an address.

SIGNATURE:

(10/0/

1-23-98

305-551 0617