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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90292 028 ***150.00

1. Corporatio	MENT # <i>P96000</i> 0	D65523	<i></i>		
i. Corporatio	on Name CK Cashing Mai	MARENENT TR	VC.		
CNE	ek Cashing Min	10 Hg E MER), I			
	· 				
Frincipal Plac	e of Business	Mailing Address	10 41=2 5=		
951	7 W FLAGIER ST.	9517 WF	INGIER ST.	ļ	
9517 W FLAGIER ST. 9517 W F Miami, Fl. 33174 Miami, F			1.33174	DO NOT WRITE IN TH	IIS SPACE
7.11	n (***)	, P 111111 117	•	3. Date Incorporated or Qualifed	····
				08/06/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0684100	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		& Floring Compaign Financing	
23		28 1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	ed Agent
ī	Piloto, Julio	**	81 Name		0.
9517 W FIAGIER ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
			83		
r	Miamin El. 3317	14	84 City		85 Zip Code
11. Pursuant	to the gravisions of Section 607 050	and 607 1508 Florida Statute	the above-named corr	poration submits this statement for the purpose.	of changing its registered
office or r	egistered agent or both in the State of	of Florida. Such change was autions of Section 607 0505. Flor	ithorized by the corporati	poration submits this statement for the purpose, ion's board of directors. I hereby accept the app	pointment as registered
ogent. i a		nons of, Section our soos, Flor	ida dialdica.	//	/
CICNATURE				i//2:	7 <i>1</i> 99 ·
SIGNATURE		it and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) G DATE	7/99
SIGNATURE	Signate page or winled name of registered agen	D DIRECTORS		4/2	AND DIRECTORS IN 12
12.	OFFICERS AN		Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) G DATE	7/99
12.	OFFICERS AN	D DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) G DATE	AND DIRECTORS IN 12
12. HILE NAME STREET ADDRESS	OFFICERS AND PILOTO, JULIO 9517 W FIAGIER	D DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) G DATE	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 kruster 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, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: