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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000069799 (0)

MONEYONE CORPORATION

## FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2555 COLLINS AVE #1910 2555 COLLINS AVE #1910 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0693582 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAVERINA CARMEN MARTINEZ, FRANK R 2555 COLLINS AVE #1910 82 MIAMI BEACH FL 33140 # 1910 nd/607-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its provide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reference for 10505, Florida Statutes. 11. Pursuant to the p office or registery agent. I am famili SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE SAVERINA CARMEN MARTINE Change 1.1 TITLE PRESIDENT / DIRECTOR NAME MARTINEZ, FRANK R 1.2 NAME 2555 COLLINS AVE., STREET ADDRESS 2555 COLLINS AVE #1910 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE T17) F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change ☐ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 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 by tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attrichment with an address.

SIGNATURE:

REDITIFSAUGRINA CARMEN MARTINEZ 1/27/98 (305) 538-5888