FILE ~~NOW~~ FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Amended

FILED
99 FEB 11 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P96000069799**

1. Corporation Name
MONEYONE CORPORATION

Principal Place of Business	Mailing Address
~~2555 COLLINS AVE #1910~~ ~~MIAMI BEACH FL 33140~~	~~2555 COLLINS AVE #1910~~ ~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	08/21/1996
21 3939 N. FEDERAL HWY.	26 3939 N. FEDERAL HWY.	4. FEI Number	65-0693582 [ ] Applied For [ ] Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
23 City & State POMPANO BEACH	28 City & State POMPANO BEACH	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
24 Zip 33064 25 Country	29 Zip 33064 30 Country	8. This corporation owes the current year Intangible Personal Property Tax	[ ] Yes X No

9. Name and Address of Current Registered Agent

MARTINEZ, SAVERINA C
~~2555 COLLINS AVE~~
~~#1910~~
~~MIAMI BEACH FL 33140~~

10. Name and Address of New Registered Agent

81 Name SAVERINA CARMEN MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 1620 S. OCEAN BLVD. # 7E
84 City POMPANO BEACH FL 85 Zip Code 33062

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 Carmen Martinez S. CARMEN MARTINEZ 2/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not listed above) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	MARTINEZ, SAVERINA C		12 NAME	
STREET ADDRESS	2555 COLLINS AVE #1910		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE	PRESIDENT/SECRETARY	X DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	FRANK R. MARTINEZ		32 NAME	
STREET ADDRESS	1620 S. OCEAN BLVD. #7E		33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		34 CITY-ST-ZIP	
TITLE	TREASURER	X DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	QUEZIA AGUIAR		42 NAME	
STREET ADDRESS	370 SE. 2 AVE. #G-4		43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		44 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	X DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	PEDRO SALINAS		52 NAME	
STREET ADDRESS	3715 TURTLE RUN BLVD. #225		53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Martinez S. CARMEN MARTINEZ 2/10/99 (954) 942-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/11/99