

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073149 (2)

1. Corporation Name
HOMEBOY PAWN SHOP INC.

Principal Place of Business
15158 N.E. 6TH AVENUE
MIAMI FL 33162

Mailing Address
C/O ARIE DANA
19101 MYSTIC POINTE DR., APT. 1711
AVENTURA FL 33180-4318



3. Date Incorporated or Qualified
09/04/1996

3a. Date of Last Report

2. Principal Place of Business
21 15158 NE 6AV

2a. Mailing Address
26 15158 NE 6AV

4. FEI Number
65-0693309

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
N. MIAMI FL

28 City & State
N. MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33162

29 Zip
33162

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

25 Country
DADE

30 Country
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLAZER, ERIC ESQ.
20801 BISCAYNE BOULEVARD
FOURTH FLOOR
AVENTURA FL 33180

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DANA, ARIE	
STREET ADDRESS	19101 MYSTIC POINTE DR., APT. 1711	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEINER, YEHOSHUA	
STREET ADDRESS	19101 MYSTIC POINTE DR., APT. 1711	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	WEINER YEHOSHUA
2.4 CITY-ST-ZIP	20381 NE 30AV AP-402
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: ARE DANA PRESIDENT 4/25/97 305-9474000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)