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

PROFIT **CORPORATION ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080645 (0)

LESS CASH NOVELTIES INC.

## **FILED** May 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
7383 SW 8TH ST. 7383 SW 8TH ST.								
MIAMI FL 331		MIAMI FL 33144				1		
						DO NOT WRITE IN THIS SPACE	<u> </u>	
						3. Date Incorporated or Qualified 09/30/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0727590	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State					5. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip Cour		untry		8. This corporation owes or has paid the current y			
24	25			Personal Property Tax due June 30. Yes				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
FE	RNANDEZ, JULIA M	, , , , , , , , , , , , , , , , , , , ,		81	Name			
7383 <b>S</b> W 8TH ST.				82	Stroot Ac	ddress (P.O. Box Number is Not Acceptable)	<del></del>	
	AMI FL 33144			J.	Sireot Ac	odress (F.O. Dox Number is Not Acceptable)		
				83				
				84	City	los	Zip Code	
				04	City	FL  85	Zip Code	
						orporation submits this statement for the purpose of chan oration's board of directors. I hereby accept the appointment		
agent. Lai	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	tutes	3.	,,		
SIGNATURE								
12.	Signature, typest or proded name of repeters i agr	D DIRECTORS	13.	d Age	ini signature re	equited when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOPS IN 12	
TITLE	n OFFICERS AIN	DELETE	1.1 [	III F	- <del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME	RODRIGUEZ, WILBERTO	A	1	1.2 NAME			The Later of the L	
STREET ADDRESS	7383 SW 8TH ST.	· · · · · · · · · · · · · · · · · · ·			ADDRESS		1	
CITY-ST-ZIP	MIAMI FL 33144		1.3 S					
TITLE	Ď	DELETE			1-211	□с	hange Addition	
NAME	FERNANDEZ, JULIA M		2.2 NAME			<b>-</b>		
STREET ADORESS	7383 SW 8TH ST.				ADDRESS			
CITY-ST-ZIP	ARABI EL ANGA				ST · ZiP		İ	
TITLÉ	4		3.1 T		21 211	□ C	hange Addition	
NAME		- ·-	3.2 N			_		
STREET ADDRESS					ADDRESS		į	
CITY-ST-ZIP					51 - ZIP		İ	
TITLE		DELETE		4.1 TITLE		C	nange	
NAME			4.21			<del></del>	-	
STREET ADDRESS					ADORESS			
CITY-ST-ZIP				ITY-S			į	
TITLE		☐ DELETE	5.1 Ti				hange	
NAME			5.2 N				ł	
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				11Y-S				
TALE	· · ·	DELETE	6.170			□ C1	nange	
NAME		<del>-</del>	6.2 N			<u>—</u> ·	- <del>-</del>	
STREET ADDRESS	•				ADORESS			
CITY-ST-ZIP				ITY-S	i			
Oll 1-91-ZIF		M M 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.4 0	111-3	1-2Ir	. D. C. 440 05/00/20 Et al. 01/44 1/4 1/4 1/4		

Thereby 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 enjaddress.