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FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002962 (3)
Corporation Name
ALL MONEY U.S.A., INC.



Principal Place of Business 189 NORTHEAST 26 STREET MIAMI FL 33137	Mailing Address POST OFFICE BOX 431219 MIAMI FL 33243
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DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
01/10/1997

21 Principal Place of Business 189 NE. 26 St	26 Mailing Address P.O. Box 431219		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Miami FL	28 City & State Miami FL		
24 Zip 33243	25 Country P.R.	29 Zip 33243	30 Country P.R.

FEI Number 65-0717453	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9 Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name JOHN E. LEMIEUX	
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 431219	
83 189 NE. 26 St Miami FL	
84 City Miami	85 Zip Code 33137 FL

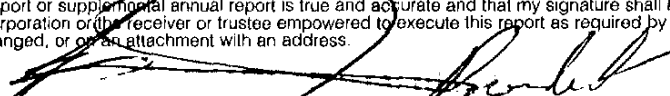
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____
Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS/D LEMIEUX, JOHN E 189 NORTHEAST 26 STREET MIAMI FL 33137	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	At C E O Mitchell Fairfield 2742 Westchester Drive Country Side, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

 3/12/98

CR2E034 (10/97)