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May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000027409

1. Corporation Name

FIRST-STEP CHECK-CASHING, ETC, INC.

Principal Place of Business	Mailing Address
7930 N.W. 36TH STREET #23-419 MIAMI, FL 33166	8357 WEST FLAGLER STREET #253 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MARCH 26, 1997

2. Principal Place of Business: 21 8357 WEST FLAGLER STREET	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 #253	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI, FL	City & State: 28
Zip: 24 33144 Country: 25 US	Zip: 29 Country: 30

4. FEI Number: 65-0736971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIZCON, LOURDES 7380 N.W. 54 ST. MIAMI, FL 33166	81 Name: VIZCON, LOURDES 82 Street Address (P.O. Box Number is Not Acceptable): 8357 WEST FLAGLER STREET 83 #253 84 City: MIAMI **FL** 85 Zip Code: 33144

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: Lourdes Vizcon — 04-30-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIZCON, LOURDES 7380 N.W. 54 ST. MIAMI, FL 33166	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D VIZCON, LOURDES 8357 WEST FLAGLER STREET, #253 MIAMI, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST VIZCON, LOURDES 7380 N.W. 54 ST. MIAMI, FL 33166	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PVST VIZCON, LOURDES 8357 WEST FLAGLER STREET, #253 MIAMI, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002534880 -05/26/98--01039--019 ***150.00	☐ Change ☐ Addition

5/26/98

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.

SIGNATURE: Lourdes Vizcon — PRESIDENT — LOURDES VIZCON — 04-30-98 — (305)228-7059