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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

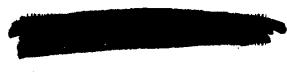
Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # P97000062925

THE MONEY TRANSFOR CENTER, INC

**FILED** Jan 29 1998 8:00am Secretary of State



25					
Principal Plac	e of Business	Mailing Address			
\$1142 & FEDE	RAL HIGHWAY	1142 S FEDERAL HIGH	YAWN		
	ALE FL 33316	FT LAUDERDALE FL 3	13316		
ş US		US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Quelified
 명 용					,
*	Inna of Business	Do Moiling Address			9-/2-97 4. FEI Number   Applied For
Principal Place of Business		2a. Mailing Address			C C C C C C C C C C C C C C C C C C C
Suite, Apt. #, etc.		Suite, Apt. W. etc.			
					5. Certificate of Status Desired Section Fee Required
		City & State		·	
Only & State		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		intry	This corporation owes or has paid the current year intangible
ጣ - "	25	20	30	,	Personal Property Tax due June 30. Yes
<u> </u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
				81 Name	16
HK	E F REGISTER	CO AGENT CON	RP	62 Street	
20	501 S. BAUSHOR	LE DRIVE	NIVE		et Address (P.O. Box Number is Not Acceptable)
(	501 S. BAYSHON UITE 600 IAMI, FL 33133			83	
ر ر	CITE 600	1			
<b>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</b>	1AM1, FC 33/33	•		84 City	EL 85 Zip Code
11 PurCiant	to the provisions of Sections 607 05	02 and 607 1508. Florida Stat	utes the el	hove-hamec	ed corporation submits this statement for the purpose of changing its registered
offic <b>ā</b> or u	egistered event, or both, in the State	a of Florida. Such change was	s authorize	d by the cor	orporation's board of directors. I hereby accept the appointment as registered
seent la	m tamiliar with, and accept the oblig	jations of, Section 607.0505, I	Florida Stat	lulos.	
SIGNATURE	Signature, typed or printed name of registered ag	to the distribution of the last transfer of transfer of the last transfer of the last transfer of t	Olf Booklete	d Agent Locator	ture required when reinstating) DATE
12.		ID DIRECTORS	13.	a rigori i grigitori	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
inte 1	PSTD	DELETE	1,1 11	TLE	Change Addition
HAME	SAMARA QUIN	101/62	1.2 N		
ETREET ADDRESS	1142 S FEDERAL HIGHWAY	, v.o.c <u>Z</u>		REET ADDRESS	s
CITY ST ZIP	FT LAUDERDALE FL		- 1	ty-ST-ZIP	
TITLE		DELETE	2.1 11		Change Addition
NAME		· -	2.2 N/	ME	
STREET ADDRESS			1	REET ADDRESS	
CATY - ST - ZIP			•	ITY-ST-ZIP	
Tille		DELETE	3.1 19		Change Addition
NAME		•	3.2 NA		
STREET ADDRESS				REET ADDRESS	
			•		<b>3</b>
CITY-S1-ZIP TITLE		L DELETE	4.1 10	ITY-ST-ZIP	Change Addition
1		C) percit			Change C Houling
MAME			4.2 N		.
STREET ADDRESS				REET ADDRESS	8
CITY-ST-ZIP		DELETE		TY-ST-ZIP	Change   Little
TITLE		[ ] oterit	5.1 (1)	!	Change Addition
HAME			5.2 NA		M = M = 1
STREET ADDRESS			1	ree1 Address	1 1/29
CITY-ST-ZIP		ГП Без ече		Y-ST-ZIP	
IUTE		DELETE	6.1 TH		Change Addition
HAME			5.2 NA	ME	400002416784
STREET ADDRESS			6.3 \$10	REET ADDRESS	-01/30/9801008028
CITY-S1-ZIP			6.4 CIT	Y-S1-ZIP	***150.00

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 charged, or on an attachment with an address.

E OF SIGNING OFFICER OR DIRECTOR