

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031592**

1. Corporation Name

**AV AUTO TITLE LOANS, INC.**

Principal Place of Business

5007 87 AVE  
MIAMI FL 33165

Mailing Address

5007 87 AVE  
MIAMI FL 33165

2. Principal Place of Business

**9876 SW 40 ST.**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

Suite, Apt. #, etc.

**22**

City & State

**MIAMI FLA.**

**28**

City & State

**23**

Zip

**33165**

**29**

Country

**USA**

**30**

9. Name and Address of Current Registered Agent

**VALDES, ROLANDO E**

5007 87 AVE

MIAMI FL 33165

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PSTD**

NAME

**VALDEZ, ROLANDO E**

STREET ADDRESS

5007 87 AVE

CITY-ST-ZIP

MIAMI FL 33165

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PT**

**ROLANDO E. VALDES**

**5007 SW 87 AVE.**

**MIAMI FLA. 33165**

Change

Addition

TITLE

**VS**

NAME

**HAYDEE VALDES**

STREET ADDRESS

**5007 SW 87 AVE.**

CITY-ST-ZIP

**MIAMI FLA. 33165**

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE