\$ G 1 1 1	항 도 위 (le veli j
DO NOT WRI Date Incorporated or Qualifed 07/22/1998	TE IN THI	IS SPACE
FF1 Number 59 - 35 2.3199		Applied Not App
Certificate of Status Desired	[]	\$8.75 Additi
Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Added to Fe
This corporation owes the cum Personal Property Tax	ent year (ntangible []]Yes []N

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 # P98000064381 1. Corporation Name

WE BUY HOUSES CASH, INC.

343 ALMERIA AVENUE CORAL GABLES FL 33134

Principal Place	of Business	Mailing Address		
8663 117TH STREET NORTH SEMINOLE FL 33772		8663 117TH STREET NORTH SEMINOLE FL 33772		
2. Principal Pla	ace of Business	2a. Mailing Address		
21		26		
Suite, Apt. ≠	≇, etc	Suite, Apt #, etc.		
City & State		City & State		
23		28		
Zip 24	Country 25	Ζφ 29	Country [30]	
	9. Name and Address of Cu	and the state of t	i .	
AMER	RLAWYER		Spie	

4. FEI Number For 59 - 35 ional 5. Certificate of Sta d 6. Election Campa Be Trust Fund Cor es 8. This corporation Personal Property 10. Name and Address of New Registered Agent

gel & Utrera, P.A. dress (P.O. Box Number is Not Acceptable) 3 Almeria Avenue 83

3. Date Incorpora

33134 Caty Coral Gables 11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above manued corporation submits this statement for the purpose of changing its registered office or registered agent, or both first tate of Florida Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with agreating the plustice of, Seption 607.0505, Florida Statutes.

SIGNATURE ria Urrera Wice President 12. [| DELETE **PSTD** 11000 TITLE Miller, George 1.2 NAME NAME 8663 117th Street North STREET ADDRESS 1.3 STREET ADORESS <u>Seminole, Florida 33772</u> CITY-ST-ZIP DELETE 2 1 THE TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADURESS CITY-ST-ZIP 2 4 City-51-ZiF [| DELF TE TITLE 3 1 THLE NAME STREET ADDRESS CITY-ST-ZIP 34 City-St-Zin [| DELETE TITLE 4.1 Trice 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIE 4.4 CITY-\$1-ZIP [] DELETE 51THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-51-ZIF CITY-ST-ZIP [| DELETE 61 TITLE TITLE NAME STREET ADDRESS

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

> [| Change [] Addition EDDDDD2840856 -04/15/99--01099--****150.00 ****150,00

[] Addition [] Change

> [| Change [] Addition

[] Addition

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fronda 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 logal 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, with all other like empowered.

SIGNATURE:

(727) 548-4663

CR2E034 (11/98)