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

**PROFIT CORPORATION** ANNUAL REPORT 1001



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** May 30, 2001 8:00 am Secretary of State 05-30-2001 90030 023 \*\*\*150.00

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PELE	XPRESO MONEY	TRANSFER, 1.	UC,		-	•			
Principal Plac	e of Business	Mailing Address							
3784 W	1. STATE ROAD 7	3284 N. STATE	- Ros	10 /					,
LAUDER	DALE LAKES FL	LAUDERDALE L	AMES,	FL		DO NOT WRIT	E IN THIS	SPACE	
,	•		333	319	3.	Date Incorporated or Qualifed	7/1	199	
<u> </u>	33319	2a. Mailing Address				FEI Number	<b>4</b> //		olied Por
2. Principal P	Place of Business	26 Railing Address			"	65-075	3900	J—J———	Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A Fee Re	
2		City & State				Election Campaign Financing		\$5.00	·
City & State		28			<u>.</u>	Trust Fund Contribution		Added to	-
Zip	Country	Zip	Country		8.	This corporation owes the curre		ngible	₩Ño
6	25	29 3	<u> </u>		10.	Personal Property Tax.  Name and Address of New Ro			20140
	9. Name and Address of Current	<del></del>	81	Name			<u> </u>		
JOSE	PH K. NOFIL, A.	<i>A</i> .	82	Street A	Vddress (P	O. Box Number is Not Acceptate	ole)		
3184 N. STATE ROAD 7			83	<del></del>					
•								85 Zip C	nde
LAUDREDALE LAKES, FL 33319			84 City				FL	' _	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	the above	named c	corporation	n submits this statement for the pard of directors. I hereby accept	ourpose of c t the appoint	hanging its i Iment as reg	registered jistered
agent. I a	egistered agent, or both, in the State C m familiar with, and accept the obligati	ions of, Section 607.0505, Flork	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent								
		and title if applicable. (NOTE: Po	egistered Agen	l signature rec	quired when r	einstating)	DATE		
12.	OFFICERS AND		gistered Agen 13.	l signature rec	quired when r	einstating) ADDITIONS/CHANGES TO OFF			
12. TITLE	OFFICERS ANI		13. 1.1 TITLE	l signature rec	quired when r	eiraleting) ADDITIONS/CHANGES TO OFF		DIRECTO Change	RS IN 12
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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 the 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.

4/30/2

954)484-5533