

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 NOV -4 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A33274

CREDIT COMPANY OF MIAMI, LTD.

Mailing Address

Principal Office Address

ONE S.E. THIRD AVENUE
SUITE 2130
MIAMI FL 33131

2044 BISCAYNE BLVD.
MIAMI FL 33157

3. Date Formed or Registered

08/05/1992

5a. Capital Contributions as Shown on record.

\$7,500.00

3a. Date of Last Report

10/08/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2060 BISCAYNE BLVD

2a. Principal Office Address

2693 BISCAYNE BLVD

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33137-5024 USA

Zip Country
33137 USA

6. FEI Number

65-0348959

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KRIEGER, STANLEY J
ONE S.E. THIRD AVENUE
SUITE 2130
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

2060 BISCAYNE BLVD
2ND FLOOR

City
MIAMI

Zip Code
FL 33137-5024

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

CREDIT COMPANY OF MIAMI, INC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

ONE S.E. THIRD AVENUE
2060 BISCAYNE BLVD
2ND FLOOR

11b. City, State & Zip Code

MIAMI FL 33137-5024

11c. Registration/Document Number

V55411

200002681692-4
-11/06/98--01002--005
****150.00 ****150.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BY: CREDIT COMPANY OF MIAMI, INC. - GENERAL PARTNER
Stanley J. Krieger, Secretary DATE 10/13/98

Typed or Printed Name of General Partner Signing Form STANLEY J. KRIEGER, Secretary Daytime Telephone Number (305) 576-1889

CR2E003 (8/98)