

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90221 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **M52352**

1. Corporation Name
PACIFIC CREDIT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**701 BRICKELL AVENUE
 SUITE 1550
 MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVENUE
 SUITE 1550
 MIAMI FL 33131**

3. Date Incorporated or Qualified
05/19/1987

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2808846

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**ROSSZ FIU CORP.
 701 BRICKELL AVENUE
 SUITE 1200
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
Judith Kenney, Attorney

82 Street Address (P.O. Box Number is Not Acceptable)
Montello & Kenney, P.A.

83
777 Brickell Avenue, Suite 1070

84 City
Miami

85 Zip Code
FL 33131

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 Judith Kenney

DATE 3/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	QUANT, ERNESTO	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HOLMANN, ERNESTO F.	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERCOVICH, LUIS A	
STREET ADDRESS	701 BRICKELL AVE STE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALLEGOS, IVAN X	
STREET ADDRESS	701 BRICKELL AVE STE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEVILLA, MARCELA	
STREET ADDRESS	701 BRICKELL AVE STE 1550	
CITY-ST-ZIP	MIAMI FL	
TITLE	AV	<input checked="" type="checkbox"/> DELETE
NAME	QUINTANA, ALVARO	
STREET ADDRESS	701 BRICKELL AVE STE 1550	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN X GALLEGOS, V.P. DATE: 03/23/99 PHONE: 305-372-8270

CR2E034 (1/98)