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

Mar 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT) Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P96000011776 (7) JEROLD'S LEGAL CREDITCARD CORPORATION Principal Place of Business Mailing Address 400 S.W. 107TH AVE.. 400 S.W. 107TH AVE., SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE MIAMI FL 33174 MIAMI FL 33174 3. Date Incorporated or Qualified 02/07/1996 4. FEI Numbe Applied For 65-0721666 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tex due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ECHEGARAY, WELLINGTON 1120 N.W. 124 PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33182 83 City 84 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) (1097) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE VP. 1.1 TITLE Change Addition BERTRAN, JOSE BERTRAN, JOSE-LUIS NAME 1.2 NAME CRZEG34 3413 SWL 8TH STREET, #106 1.3 STREET ADDRESS STREET ADDRESS MMM FL 33435 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE ECHEGARAY WELLINGTON 22 NAME NAME 1120 N.W. 124 PLACE MIANT FL 33182 STREET ADDRESS 2.3 STREET ADDRESS 1120 N.W. CITY-ST-ZIP 2.4 CITY-ST-ZIP MIAMI DELETE Change Addition 3.1 TITLE TITLE ECHEGARAY, ZAHIRA NAME 3.2 NAME 1120 N.W. 124TH PLACE STREET ADORESS 3.3 STREET ADDRESS **MIAMI FL 33182** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE MILE 4.1 TITLE Change NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

indicated on this annual report or supplemental annual report is true and at officer or director of the corporation or the occiver or trustep impowered to Block 12 or Block 13 if changed, or on attachment with a address.

6.1 TITLE

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 occover or trustee impowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in

TITLE

NAME

STREET ADDRESS

SIGNATURE:

FILED

Change

☐ Addition