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FILED

**Feb 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 657511 (2)
1. Corporation Name
CREDOMATIC OF FLORIDA, INC.



Principal Place of Business Mailing Address
**SUITE 3400-ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131** **SUITE 3400-ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131-1806**

3. Date Incorporated or Qualified **02/20/1980** 3a. Date of Last Report **04/01/1996**
4. FEI Number **59-2038304** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**VALDES-FAUJ CORPORATE SERVICES INC
SUITE 3400 ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	VAZQUEZ-BELLO, CLEMENTE
STREET ADDRESS	2 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CASTEGNARO, ERNESTO
STREET ADDRESS	848 BRICKELL AVE., STE. 300
CITY - ST - ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HORVILLEUR, RICARDO
STREET ADDRESS	848 BRICKELL AVE., STE. 300
CITY - ST - ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MEDINA, MARTIN
STREET ADDRESS	848 BRICKELL AVE., STE. 300
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	DT Fuentes, Roberto
5.3 STREET ADDRESS	848 Brickell Ave., Ste. 300
5.4 CITY - ST - ZIP	Miami, FL
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 do 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.

SIGNATURE: R. Horvilleur 01/23/97 (305) 372-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)