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FILED

May 12 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 # 676954 (1)  
1. Corporation Name  
BAC INTERNATIONAL CREDIT CORPORATION

Principal Place of Business Mailing Address  
848 BRICKELL AVE.  
PENTHOUSE  
MIAMI FL 33131  
US 848 BRICKELL AVE.  
PENTHOUSE  
MIAMI FL 33131-2943  
US

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/29/1980 01/31/1996  
4. FEI Number Applied For  
59-2128329 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BERLEY, DAVID R  
1428 BRICKELL AVENUE  
SUITE 202  
MIAMI FL 33131  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	Chairman and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE LUIS LEON	1.2 NAME	F. Alfredo Pellas Jr.
STREET ADDRESS	848 BRICKELL AVE, PA	1.3 STREET ADDRESS	848 brickell Ave., PH
CITY-ST-ZIP	MIAMI, FL 00000 FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<del>6</del> D Assistant S <input type="checkbox"/> Change <input checked="" type="checkbox"/> XXXX	2.1 TITLE	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS PEREZ	2.2 NAME	Henry Howard
STREET ADDRESS	848 BRICKELL AVENUE	2.3 STREET ADDRESS	848 Brickell Ave. PH
CITY-ST-ZIP	MIAMI, FL 00000 33131	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	AVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTOLONGO, ROBERTO	3.2 NAME	Enrique Arguello
STREET ADDRESS	848 BRICKELL AVE PH	3.3 STREET ADDRESS	848 Brickell Ave., PH, Miami, FL 33131
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Leon Debayle
STREET ADDRESS		4.3 STREET ADDRESS	848 Brickell Ave., PH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bruce Cuthbertson
STREET ADDRESS		5.3 STREET ADDRESS	848 Brickell Ave., PH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Renaldy Gutierrez
STREET ADDRESS		6.3 STREET ADDRESS	848 Brickell Ave., PH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33131

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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)