

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 676954 (1)

1. Corporation Name

BAC INTERNATIONAL CREDIT CORPORATION



Principal Place of Business 848 BRICKELL AVE. PENTHOUSE MIAMI FL 33131 US	Mailing Address 848 BRICKELL AVE. PENTHOUSE MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/29/1980 4. FEI Number 59-2128329 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent

BERLEY, DAVID R
1428 BRICKELL AVENUE
SUITE 202
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	D
NAME	JOSE LUIS LEON	1.2 NAME	Bruce Cuthbertson
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	DAS	2.1 TITLE	D
NAME	LUIS PEREZ	2.2 NAME	Renaldy J. Gutierrez
STREET ADDRESS	848 BRICKELL AVENUE	2.3 STREET ADDRESS	848 Brickell Ave. PH
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	CCEO	3.1 TITLE	
NAME	PELLAS, ALFREDO F JR.	3.2 NAME	
STREET ADDRESS	848 BRICKELL AVE PH	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	COO	4.1 TITLE	
NAME	HOWARD, HENRY	4.2 NAME	
STREET ADDRESS	848 BRICKELL AVE., PH	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ARGUELLO, ENRIQUE	5.2 NAME	
STREET ADDRESS	848 BRICKELL AVE., PH	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DEBAYLE, LEON	6.2 NAME	
STREET ADDRESS	848 BRICKELL AVE., PH	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Luis Leon

1-23-98

305-275-0000

Date

Daytime Phone #

0177002

CR2E034 (10/97)