FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005447 (6)**

1. Corporation Name

INTERAMERICA CREDIT CORPORATION LTD., INC.

Principal Place of Business	Mailing Address
GABLES INTERNATIONAL PLAZA 2655 LE JEUNE RD. SUITE 610 CORAL GABLES FL 33134	GABLES INTERNATIONAL PLAZA 2655 LE JEUNE RD. SUITE 610 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/07/1995

3a. Date of Last Report:

4. FEI Number: 98-0142594 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

AGUILERA, NORMA
2655 LE JEUNE RD
SUITE 610
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DIANA M. SANCHEZ

82 Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Road

83 Suite 610

84 City: Coral Gables FL 85 Zip Code: 33134

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: Diana M Sanchez — April 24, 1996 (DATE)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: For profit corporations, the registered agent must sign.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FONSECA, GERMAN		1.2 NAME	
STREET ADDRESS	5A. AVENIDA 15-45,ZONA 10,CENTRO EMPRESARI		1.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA, GUATEMALA C.A.		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE QUEME, MARIA A		2.2 NAME	
STREET ADDRESS	15 CALLE 6-38,ZONA 10, CONDO VILLA #122		2.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA, GUATEMALA C.A.		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL SECRETARIES LIMITED		3.2 NAME	
STREET ADDRESS	PO BOX 268, GEORGETOWN		3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)