

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

FILED
May 06 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 # F96000005083 (8)
 1. Corporation Name
CREDIT PLUS, INC.



Principal Place of Business 1525 N.W. 167TH STREET SUITE 300 MIAMI FL 33169	Mailing Address 1525 N.W. 167TH STREET SUITE 300 MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

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
24. Country	29. Country

3. Date Incorporated or Qualified 10/02/1996	
4. FEI Number 65-0669408	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent
BENNETT, JOSH
200 S BISCAYNE BLVD
STE #1050
MIAMI FL 33131

10. Name and Address of New Registered Agent

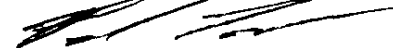
81 Name	Bennett, Josh N. ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	NationsBank Tower
83	100 S.E. Second Street, Suite 2600
84 City	Miami
85 Zip Code	FL 33131

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	PCDS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERS, MICHAEL	1.2 NAME	Perlman, Jason
STREET ADDRESS	580 JARVIS STREET	1.3 STREET ADDRESS	1525 NW 167th Street, Ste 300
CITY-ST-ZIP	TORONTO ONTARIO CANADA	1.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, SYBIL	2.2 NAME	Bomser, Todd
STREET ADDRESS	580 JARVIS STREET	2.3 STREET ADDRESS	1525 NW 167th Street, Ste 300
CITY-ST-ZIP	TORONTO ONTARIO CANADA	2.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Turner, Paul
STREET ADDRESS		3.3 STREET ADDRESS	1525 NW 167th Street, Ste 300
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:  **Paul Turner** 4-29-98 (305) 624-1000

CR2E034 (10/97)