


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

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # K56669 (0) 1. Corporation Name A-1 CREDIT BUREAU, INC.						
Principal Place of Business % RALPH ACHONG 5040 NW 7 ST #430 MIAMI FL 33126			Mailing Address % RALPH ACHONG 5040 NW 7 ST #430 MIAMI FL 33126			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1989		
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0089949	Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent ACHONG, RALPH 5040 NW 7 ST SUITE 430 MIAMI FL 33126				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
12. OFFICERS AND DIRECTORS						
TITLE	PTD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	ACHONG, RALPH	1.1 TITLE	Change Addition			
STREET ADDRESS	5040 NW 7 ST #430	1.2 NAME				
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS				
		1.4 CITY-ST-ZIP	Change Addition			
TITLE		2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition			
TITLE		3.1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition			
TITLE		4.1 TITLE	Change Addition			
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition			
TITLE		5.1 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition			
TITLE		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 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: *Ralph Achong* 1/5/98 (305) 444-9234

CR2E034 (10/97)