

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90011 003 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L18646**

1. Corporation Name
MUEBLE CREDIT CORPORATION



Principal Place of Business: 280 WEST 29TH ST. HIALEAH FL 33012
 Mailing Address: 280 WEST 29TH ST. HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1989**
 4. FEI Number: **65-0146898**
 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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
GARCIA, CARMELO
1740 SW 85 AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, CARMELO		1.2 NAME	
STREET ADDRESS: 1740 S.W. 85TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP	
TITLE: DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, HARRY		2.2 NAME	
STREET ADDRESS: 1740 S.W. 85TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, JOSEFA		3.2 NAME	
STREET ADDRESS: 1740 S.W. 85HT AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, LIZETTE		4.2 NAME	
STREET ADDRESS: 1740 SW 85TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANKLIN, GARCIA B		5.2 NAME	
STREET ADDRESS: 1740 SW 85 AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		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: *[Signature]* **SIGNATURE: SCOURI (Vice-President) 7/20/99 (308) 888-4831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)