


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N95000003490 (8)**

1. Corporation Name

CONSUMER DEBT RESOLUTION CONSULTANTS, INC.



Principal Place of Business 225 NORTH MIAMI AVENUE SUITE 100 MIAMI, FL 33136	Mailing Address 225 NORTH MIAMI AVENUE SUITE 100 MIAMI, FL 33136
--	--

2. Principal Place of Business 21 4770 Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 1480 City & State 23 Miami, FL 33137 Zip 24	2a. Mailing Address 26 4770 Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 1480 City & State 28 Miami, FL 33137 Zip 29	3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 10/14/1996	4. FEI Number 65-0600310 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--	---	---	---	--

9. Name and Address of Current Registered Agent GLASER, ALLAN M 11900 BISCAYNE BLVD. SUITE 807 MIAMI FL 33181	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 617.0502 and 617.1508, 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 617.0503, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABARNICK, TRACI	1.2 NAME	
STREET ADDRESS	2250 NORTH MIAMI AVENUE SUITE 1002 MIAMI, FL 33136	1.3 STREET ADDRESS	4770 Biscayne Blvd., Suite 1480
CITY-ST-ZIP	MIAMI, FL 33136	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABARNICK, GARRETT	2.2 NAME	
STREET ADDRESS	2250 NORTH MIAMI AVENUE SUITE 1002 MIAMI, FL 33136	2.3 STREET ADDRESS	4770 Biscayne Blvd., Suite 1480
CITY-ST-ZIP	MIAMI, FL 33136	2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX ANDERMORA	3.2 NAME	
STREET ADDRESS	4770 Biscayne Blvd., Suite 1480	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	3.4 CITY-ST-ZIP	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yacine Hachimi* **April 29, 1997**

CR2E037 (9/96)