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Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003834 (6)

1. Corporation Name

THE CREDIT IS DUE PROJECT, INC.



Principal Place of Business

Mailing Address

C/O ROLAND SANCHEZ-MEDINA JR.  
100 S.E. 2ND STREET, STE. 2800  
MIAMI FL 33131C/O ROLAND SANCHEZ-MEDINA JR.  
100 S.E. 2ND STREET, STE. 2800  
MIAMI FL 33131-2150

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ-MEDINA, ROLAND  
513 ALCAZAR AVENUE  
CORAL GABLES FL 33134

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	D	<input type="checkbox"/> DELETE
NAME	NEREE, DUFIESTON	
STREET ADDRESS	915 N.W. 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michelle Austin	
1.3 STREET ADDRESS	701 Brickell Avenue, Suite 3000	
1.4 CITY-ST-ZIP	Miami, FL 33101	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLAIN, MARC	
STREET ADDRESS	1382 S.W. 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Samuel Gilmore	
2.3 STREET ADDRESS	6600 NW 27th Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33147	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ-MEDINA, ROLAND JR.	
STREET ADDRESS	513 ALCAZAR AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Oliver Gross	
3.3 STREET ADDRESS	8500 NW 25th Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33147	

TITLE		<input type="checkbox"/> DELETE
NAME	D	
STREET ADDRESS	Anthony Reese	
CITY-ST-ZIP	785 Market Street, 3rd Floor	
	San Francisco, CA 94103	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gregory Hobbs	
4.3 STREET ADDRESS	6600 NW 27th Avenue, Suite 107	
4.4 CITY-ST-ZIP	Miami, FL 33147	

TITLE		<input type="checkbox"/> DELETE
NAME	D	
STREET ADDRESS	Woody Victor	
CITY-ST-ZIP	285 East 199th Street, Apt 2A	
	Bronx, NY 10458	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edwin Miller	
5.3 STREET ADDRESS	6600 NW 27th Avenue, Suite 103	
5.4 CITY-ST-ZIP	Miami, FL 33147	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I certify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I intend to execute this report as required by Chapter 617, Florida Statutes; and that my name is the address.

SIGNATURE:

SIGNATURE REQUIRED

3/25/97 (305) 789-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026426

CR2E037 (9/96)