

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1998 8:00am
Secretary of State

DOCUMENT # N96000003834 (6)

1. Corporation Name

THE CREDIT IS DUE PROJECT, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number 65-0740038

Applied For

NOT APPLICABLE

Not Applicable

2. Principal Place of Business

21 6600 NW 27th Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Miami, FL 33147

28 City & State

24 Zip

24 33147

25 Country

25 USA

29 Zip

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. 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

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NEREE, DUFIRSTON
STREET ADDRESS 915 N.W. 28TH STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE D ☐ DELETE

NAME VILLAIN, MARC
STREET ADDRESS 1382 S.W. 178TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE

NAME SANCHEZ-MEDINA, ROLAND JR.
STREET ADDRESS 513 ALCAZAR AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME AUSTIN, MICHELLE
STREET ADDRESS 701 BRICKELL AVE, 3000
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GILMORE, SAMUEL
STREET ADDRESS 6600 NW 27 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GROSS, OLIVER
STREET ADDRESS 8500 NW 25 AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Gregory Hobbs
1.3 STREET ADDRESS 519 E Park Avenue
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Edwin Miller
2.3 STREET ADDRESS Suite 107, 6600 NW 27th Ave
2.4 CITY-ST-ZIP Miami, FL 33147

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Anthony Reese
3.3 STREET ADDRESS 847 Vermont St., Apt 202
3.4 CITY-ST-ZIP Oakland, CA 94610

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Woody Victor
4.3 STREET ADDRESS 72 Park Terrace West
4.4 CITY-ST-ZIP New York, NY 10034

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 100002606231
5.3 STREET ADDRESS -08/04/98--01001--048
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/98 305-693-3550

CR2E037 (5/98)