

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION,
ANNUAL REPORT
1999



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

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90003 039 ****61.25

06-02-1999 90003 040 *****8.75

DOCUMENT # N96000003834

1. Corporation Name

THE CREDIT IS DUE PROJECT, INC.

Principal Place of Business

6600 NW 27TH AVENUE
107
MIAMI FL 33147

Mailing Address

[REDACTED]



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

65-0740038

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

Dufirstson Neree

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Marc Villain

83

1382 SW 178th Way

84 City

Pembroke Pines

FL

85 Zip Code
33029

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]*

Dufirstson Neree, Chairman

4/28/99

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 Edwin Miller
1.3 STREET ADDRESS Ste 107, 6600 NW 27th Avenue
1.4 CITY-ST-ZIP Miami, FL 33147

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

305-693-3550

Date

Daytime Phone #

CR2E037 (1/98)

0029594