

FILE NOW: FILING FEE IS \$61.25

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

0029594

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/22/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0740038	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
[REDACTED]				81 Name Dufirstson Neree			
[REDACTED]				82 Street Address (P.O. Box Number is Not Acceptable) c/o Marc Villain			
[REDACTED]				83 1382 SW 178th Way			
[REDACTED]				84 City Pembroke Pines		85 Zip Code FL 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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEREE, DUFIIRSTON	1.2 NAME	Edwin Miller
STREET ADDRESS	915 N.W. 28TH STREET	1.3 STREET ADDRESS	Ste 107, 6600 NW 27th Avenue
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAIN, MARC	2.2 NAME	
STREET ADDRESS	1382 S.W. 178TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ-MEDINA, ROLAND JR.	3.2 NAME	
STREET ADDRESS	513 ALCAZAR AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, MICHELLE	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE, 3000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, SAMUEL	5.2 NAME	
STREET ADDRESS	6600 NW 27 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, OLIVER	6.2 NAME	
STREET ADDRESS	8500 NW 25 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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]* 4/28/99 305-693-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)