FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

14. I hereby certify that the information

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. M<u>ortham ...</u>

FILED

Mar 03 1998 8:00am

Secretary of State

(30s) 362-5255

Secretary of State DIVISION OF CORPORATIONS

1998

N9700006288 (1) POCUMENT #

CREDIT A + SERVICES, INC.

Principal Place of Business Mailing Address 3750 W 16TH AVENUE # 132U P.O. BOX 140304 3. Date Incorporated or Qualified HIALEAH FL 33012 CORAL GABLES FL 33114-0309 11/06/1997 4. FEI Numbe Applied For 65-0793472 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ANTON, JOSE L 82 Street Address (P.O. Box Number is Not Acceptable) 2403W 76 STREET #208 83 HIALEAH FL 33016 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE Proceedont NAME 1.2 NAME Joseph. Ant 76 st # 208 1.3 STREET ADDRESS STREET ADORESS S 402M HALFAH, FL 33016 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE VICE - PRESIDENT JORGE TORANDO 2732W GO ET. & HIALEAH IFL 33016 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE Seciletary NAME 3.2 NAME Harryn J. Torano 1465 W ZILPI. # IM STREET ADDRESS 3.3 STREET ADDRESS History Fr 33012 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS I hereby cortify 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 of 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 of 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 the anaddress. 6.4 CITY-ST-2IP CITY-ST-ZIP

JOSE LA ANTON