2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2001 8:00 am

DOCUMENT # P00000090785 1. Entity Name					Secretary of State 05-24-2001 90496 018 ***150.00			
CREDIWORLD CORPORATION Principal Place of Business Mailing Address 75 VALENCIA AVENUE 75 VALENCIA AVENUE 4TH FLOOR					ormonagg ormonagg			
CORAL (GABLES, FL 33134	CORAL GABLES	, FL 33	134 .				
2. Principal Place of Business SEE ABOVE		3. Mailing Address SEE ABOVE			DO NOT WRITE IN	THE SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			El Number Applied For Not Applicab			
Zip	Country	Zip	Country		ertificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	N	7. Na	me and Address of New Regist	ered Agent		
			Name					
CARLOS VILLANUEVA			Street Ac	idress (P.O. Box Number is Not Acceptable)				
	ENCIA AVENUE, 4T	H FLOOR						
CORAL GABLES, FL 33134			City	City FL Zip Code				
8. The above	named entity submits this statement	for the purpose of changir g i	its registered offic	e or register	ed agent, or both, in the State of I	Florida.		
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicab e.	(NOTE: Regis	itered Agent si	gnature required when reinstating)	DATE		
			FEE IS \$150.0 Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
44	OFFICERS AND D	<u> </u>	12.		I IONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
11.	P	Delete	TITLE	S		Change X Addition		
NAME STREET ADDRESS CITY - ST - ZIP	SALINAS FLORIDO, OSCAR A 75 VALENCIA AVENUE, 4TH FL. CORAL GABLES, FL 33134		NAME STREET ADDRESS CITY - ST - ZIP	75 V	ILLANUEVA, CARLOS 5 VALENCIA AVENUE, 4TH FL ORAL GABLES, FL 33134			
TITLE NAME		Delete	TITLE NAME			Change Addition		
STREET ADORESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP					
TITLE		Delete	TITLE NAME		-	Change Addition		
NAME STREET ARRESS			STREET ADORESS					
STREET ADDRESS CITY - ST - ZIP			C:TY - ST - Z:P					
TITLE		Delete	TITLE			Change Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			CITY - ST - ZIP			- Addition		
TITLE		Delete	TITLE			Change Addition		
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			CITY - ST - ZIP					
TITLE		Delete	TITLE		•	Change Addition		
NAME			NAME	,				
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			CITY - ST - ZIP			<u>.</u>		
13. I hereby ce	rtify that the information supplied wit	h this filing does not qualify fo	or the exemption s	tated in Sec	tion 119.07(3)(i), Florida Statutes.	I further certify that the		

information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS VILLANUEVA

4/30/01 305-377-0812

Date

Daytime Phone #