FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062082 (0)**

1. Corporation Name
EMAX CREDIT, INC.

Principal Place of Business	Mailing Address
13716 SW 13 ST MIAMI FL 33184	13716 SW 13 ST MIAMI FL 33184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/23/1994**
3a. Date of Last Report:

2. Principal Place of Business	13716 S.W. 135t.	2a. Mailing Address	13716 S.W. 135t.
21 / 22 Suite, Apt. #, etc.		26 / 27 Suite, Apt. #, etc.	
23 / 28 City & State	Miami, Fl.	City & State	Miami, Fl.
24 Zip	33184	29 Zip	33184
25 / 30 County	Dade	County	Dade

4. FEI Number: 65-0514947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUZ, ABRAHAM
13716 SW 13 ST
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: Abraham Cruz
82 Street Address (P.O. Box Number is Not Acceptable): 13716 S.W. 135t.
83
84 City: Miami FL 85 Zip Code: 33184

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Abraham Cruz — Abraham Cruz — 4/4/95
(Corporate Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President	11 TITLE	☐ Change ☐ Addition
NAME	CRUZ, ABRAHAM	12 NAME	
STREET ADDRESS	13716 SW 13 ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184 262-55-8966	14 CITY-ST-ZIP	
TITLE	D Secretary	21 TITLE	☐ Change ☐ Addition
NAME	CRUZ, XIOMARA C	22 NAME	
STREET ADDRESS	13716 SW 13 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184 261-59-5019	24 CITY-ST-ZIP	
TITLE	D Chairman	31 TITLE	☐ Change ☐ Addition
NAME	LORENZO, EDUARDO	32 NAME	
STREET ADDRESS	12764 SW 60TH LN	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183 408-64-2826	34 CITY-ST-ZIP	
TITLE	D Vice President	41 TITLE	☐ Change ☐ Addition
NAME	LORENZO, MERCEDES	42 NAME	
STREET ADDRESS	12764 SW 60TH LN	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183 593-14-1331	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abraham Cruz — Abraham Cruz 4/4/95 — 551-4466 / 226-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201643 CP