FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000062082 (0)

1. Corporation Name
EMAX CREDIT, INC.

Principal Place of Business
13716 SW 13 ST
MIAMI FL 33184
US

Mailing Address
13716 SW 13 ST
MIAMI FL 33184

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21 15090 S.W. 56 Street
Suite, Apt. #, etc.
22
City & State
23 Miami, FL.
Zip 24 33185 Country 25 Dade

2a. Mailing Address
26 15090 S.W. 56 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, FL.
Zip 29 33185 Country 30 Dade

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: Cruz, Abraham
82 Street Address (P.O. Box Number is Not Acceptable): 15090 S.W. 56 Street
83
84 City: Miami FL 85 Zip Code: 33185

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 (signature) DATE: 4/17/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRUZ, ABRAHAM		1.2 NAME	
STREET ADDRESS	13716 SW 13 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRUZ, XIOMARA C		2.2 NAME	
STREET ADDRESS	13716 SW 13 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DC	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LORENZO, EDUARDO		3.2 NAME	
STREET ADDRESS	12764 SW 60TH LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	DVP	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LORENZO, MERCEDES		4.2 NAME	
STREET ADDRESS	12764 SW 60TH LN		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(k), 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: (signature) Abraham Cruz/President 4/17/96 (305)385-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)