

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

15090 SW 56 ST
MIAMI FL 33185
US

Mailing Address

15090 SW 56 ST
MIAMI FL 33185
US

97 AUG 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1994	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0514947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2450 S.W. 137 Ave Suite, Apt. #, etc. 22 208 City & State 23 Miami, FL Zip 24 33175	2a. Mailing Address 26 2450 S.W. 137 Ave Suite, Apt. #, etc. 27 208 City & State 28 Miami, FL Zip 29 33175
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9. Name and Address of Current Registered Agent

CRUZ, ABRAHAM
15090 SW 56 ST
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name Abraham Cruz
82 Street Address (P.O. Box Number is Not Acceptable) 2450 S.W. 137 Ave Suite #208
83
84 City Miami
FL 85 Zip Code 33175

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 typed or printed name of registered agent and fee if applicable

Abraham Cruz

8/14/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CRUZ, ABRAHAM
STREET ADDRESS	13716 SW 13 ST
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	CRUZ, XIOMARA C
STREET ADDRESS	13716 SW 13 ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002270844-6
4.3 STREET ADDRESS	-08/19/97--01019--021
4.4 CITY-ST-ZIP	****165.00 ****165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Abraham Cruz

(305)

CR2E034 (4/97)

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EMAX Credit Inc.

"Accuracy With Maximum Efficiency"

2450 S.W. 137 Avenue, Suite 208
Miami, Florida 33175

Tel. (305) 228-2595
Fax (305) 228-2592

AUGUST 6, 1997

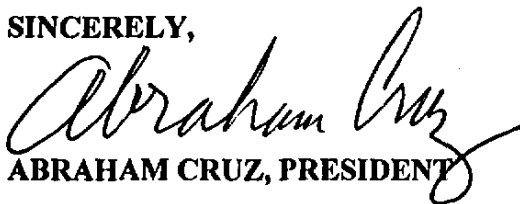
**DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
PO BOX 1500
TALLAHASSEE, FL 32302-1500**

TO WHOM IT MAY CONCERN:

I AM WRITING TO ADVISE THAT THIS IS THE FIRST NOTICE I HAVE RECEIVED. I MOVED TO MY CURRENT LOCATION OF 2450 SW 137 AVE SUITE#208 ON JULY 29, 1996. I CALLED YOUR OFFICE IN AUGUST OF 1996 AT THE FOLLOWING NUMBER 904-488-9000 AND ADVISED OF THE CHANGE OF ADDRESS, AND I WAS TOLD IT WOULD BE CHANGED. ASIDE FROM ALL THAT I PUT A FOWARDING ADDRESS CHANGE EFFECTIVE JULY 29, 1996 WHICH IS GOOD FOR ONE YEAR ACCORDING TO THE POST OFFICE, I NEVER RECIEVED ANY NOTICE OR CONFIRMATION ON ANYTHING.

I WOULD APPRECIATE YOU ACCEPTING MY \$165.00 PAYMENT, THANK YOU.

SINCERELY,


ABRAHAM CRUZ, PRESIDENT