## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000062082 (0)

EMAX CREDIT, INC. Principal Place of Business Mailing Address 2450 S.W. 137 AVE 2450 S.W. 137 AVE DO NOT WRITE IN THIS SPACE MIAMI FL 33175 MIAMI FL 33175 US 3. Date Incorporated or Qualified 08/23/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0514947 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRUZ. ABRAHAM LIDMARA 2450 S.W. 137 AVE 82 Street Address (P.O. Box Number is Not Acceptable) 208 83 **MIAMI FL 33175** 24 50 SW 208 MIAMI 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. XIOMARA SIGNATURE 3 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 1.1 TITLE CRUZ, ABRAHAM NAME 1.2 NAME 13716 SW 13 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DS PT DELETE Addition TITLE 2.1 TITLE CRUZ, XIOMARA C NAME 2.2 NAME 13716 SW 13 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL #208 CITY-ST-ZIP 2.4 CITY-ST-ZIP 33175 DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 of 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 eddress.

6.4 CITY-ST-ZIP

**FILED** 

Apr 17 1998 8:00am

Secretary of State