P940000002082

EMAX Credit Inc. 2450 S.W. 137 Ave. # 208 Miami, FL 33175

Ph.: (305) 228-2595/Fax: (305) 228-2592

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)		(Document #)	*******35.00 ******35.00
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NEW FILINGS Profit Not for Prof Limited Liab Domestication Other	it oility_ on	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILING	<u>GS</u>	REGISTRATION/QUA	LIFICATION
Annual Report Fictitious Na		Foreign Limited Partnership Reinstatement Trademark Other	$\rho / \gamma / \gamma$
CR2E031(7/97)	offung of a		Examiner's Initials (0)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	ons of sections 607.0502 ation organized under the		~/ . //	orida Statutes	1,
	atement in order to chan	•	7	ent, or both, in	n
the State of Florida.	C 10 1	140 11		-	-
1. The name of the corp	oration: EMH	K Credity	INC.	-	· .
		Dallar	((((()))		<u> </u>
2. The mailing address of	of the corporation:	P.O. BOX W	1 37115		
	() () () ()	boul -	. 33265 DA	14 1000 (1)	 6127
3. Date of incorporation	•		nent number: <u>P</u> 9	10000000	82
4. The name and address	s of the current registered	l agent and office:			
	Abraham	Cruz	·		
	5202 S.W	1. 162 Place		٠	
	Miami, F	=1. 33/85	. La companya di Santa di San		<u> </u>
5. The name and address	s of the new registered ag		or registered office	(if changed):	××××××××××××××××××××××××××××××××××××××
	(P. O. Box	Not Acceptable)		130	E S
	Moraha	am Cruz			OF A
	24505	.W. 131 An	1 \$208	<u> </u>	SCAP SCAP
	Miami,	F1. 33175	· · · · · · · · · · · · · · · · · · ·	command as	STATE
	registered office and the be identical.				OH OH OH OH OH OH OH OH OH OH OH OH OH O
Such change was authorauthorized by the board	rized by resolution duly a	adopted by its board	of directors or by a	n officer so	
	. Mr. /111	•	in/a/	Inal	
(Signature of an office	er, chairman or vice chairman of	the board)	(Date)	<u> </u>	
Abochan /	22 Produc	lost		÷ ÷=	-
(Prin	ted or typed name and title)			•	
corporation, I hereby a I further agree to comp performance of my duti	registered agent and to a ccept the appointment as ly with the provisions of es, and I am familiar wit	accept service of proc registered agent and all statutes relative to h and accept the obli	cess for the above s d agree to act in thi o the proper and co igation of my positi	tated is capacity. Implete on as	
registered agent.				-	
(Signature of	Yuu Uh f Registered Agent)		(Date)		-
If signing on behalf of an en			· · · · · · ·		
(Typed or P	rinted Name)		(Capacity)		

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *