SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000078561 (5)**

1. Corporation Name
SOUTH FLORIDA CREDIT BUREAU CORP.

Principal Place of Business
2060 S.W. 66TH AVE., #4
MIAMI FL 33155

Mailing Address
2060 S.W. 66TH AVE., #4
MIAMI FL 33155

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 9450 Sunset Drive
Suite Apt # etc.
22 203
City & State
23 Miami FL
24 33173 25 Dade

2a. Mailing Address
26 9450 Sunset Drive
Suite Apt # etc.
27 203
City & State
28 Miami, FL
29 33173 30 Dade

4. FEI Number: 65-0529458 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has elected to be governed by the provisions of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PUJOL, LOURDES C
2060 S.W. 66TH AVE., #4
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

D
PUJOL, LOURDES C
2060 S.W. 66TH AVE., #4
MIAMI FL 33155

~~D~~
~~ORO, ALINA~~
~~10340 S.W. 147TH COURT CIR.~~
~~MIAMI FL 33196~~

13. ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is mandatory handicapped and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added to the record with an addition.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title Date

CR2E034 (3/95)

000089 CP