

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 # P95000042771 (2)

1. Corporation Name

FLORIDA CREDIT CONSULTANTS, CORP.



Principal Place of Business

1360 NE 130 STREET
N. MIAMI FL 33161

Mailing Address

1360 NE 130 STREET
N. MIAMI FL 33161

2. Principal Place of Business

21 3750 W 16 Ave

Suite, Apt. #, etc.

22 Suite #106

City & State

23 Hialeah, FL

Zip

24 33012

Country

25 USA

2a. Mailing Address

26 3750 W 16 Avenue

Suite, Apt. #, etc.

27 Suite #106

City & State

28 Hialeah, FL

Zip

29 33012

Country

30 USA

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

N/A

4. FEI Number

650585134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADO, PATRICIA
1360 NE 130 STREET
N. MIAMI FL 33161

81 Name

Ricardo Obando

82 Street Address (P.O. Box Number is Not Acceptable)

8005 West 16 Avenue

83

APT K

84 City

Hialeah

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0509 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. If 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

Signature typed and printed name of registered agent and title if applicable.

(NOT E. Registered Agent signature required when reinstating)

DATE

5/1/96

12. OFFICERS AND DIRECTORS

TITLE PSTV ☒ DELETE
NAME DELGADO, PATRICIA
STREET ADDRESS 1360 NE 130 STREET
CITY-ST-ZIP N. MIAMI FL 33161

TITLE D ☒ DELETE
NAME DELGADO, PATRICIA
STREET ADDRESS 1360 NE 130 STREET
CITY-ST-ZIP N. MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/V ☐ Change ☒ Addition
1.2 NAME Obando, Ricardo
1.3 STREET ADDRESS 8005 West 16 Ave, Apt K
1.4 CITY-ST-ZIP Hialeah, FL 33014

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Obando, Ricardo
2.3 STREET ADDRESS 8005 W 16 Ave, Apt K.
2.4 CITY-ST-ZIP Hialeah, Florida 33014

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 president 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 in an attached list of names and addresses.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

(305) 823-7004

Teletype Phone #

CR2E034 (12/95)