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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
3750 W 16 AVE SUITE #106 HIALEAH FL 33012 US	3750 W 16 AVENEU SUITE #106 HIALEAH FL 3312 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 05/26/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0585134 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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

RICARDO ABANDO
8005 WEST 16 AVENUE
APT K
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: Francisco Verde
82 Street Address (P.O. Box Number is Not Acceptable): 13390 NE 7 Ave
83: Apt 310
84 City: N. Miami FL 85 Zip Code: 33161

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: [signature] DATE: 2/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PSTV	☑	1.1 TITLE	PSTV	☐ ☑
NAME	OBANDO, RICARDO		1.2 NAME	Verde, Francisco	
STREET ADDRESS	8005 WEST 6 AVE, APT K		1.3 STREET ADDRESS	13390 NE 7 Ave, # 310	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	North Miami, Fl 33161	
TITLE	D	☑	2.1 TITLE	D	☐ ☑
NAME	OBANDO, RICARDO		2.2 NAME	Verde, Francisco	
STREET ADDRESS	8005 W 6 AVE. APT K		2.3 STREET ADDRESS	13390 NE 7 Ave, #310	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	North Miami, Fl 33161	
TITLE		☐	3.1 TITLE		☐ ☐
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐	4.1 TITLE		☐ ☐
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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.

SIGNATURE: [signature] 2/20/97 (305) 823-7004

CR2E034 (9/96)