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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000042771 (2)

FLORIDA CREDIT CONSULTANTS, CORP.

FILED Jun 01 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
3750 W 16 AVE SUITE #106 HIALEAH FL 33012	3750 W 16 AVENEU Suite #106 Hialeah Fl 3312 US		DO NOT WRITE IN THIS SP	ACE
US			3. Date Incorporated or Qualified	
			05/26/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0585134	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Ζιρ Cc 29 30	untry	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes []] No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FRANCISCO VERDE 13390 NE 7 AVE APT 310 N MIAMI FL 33161		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of cha

office or re agent. I ar	ogi <mark>ste</mark> red agent, or both, in the State of Flor in f am iliar with, and accept the obligations i	ida. Such ch <mark>ange was a</mark> of, Section <mark>607.0505,</mark> Flo	ulhorized by the corporal rida Statutes.	tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Sopalure, type for peatest name of respitored agent and bit	6 at medicable Biotif	Registered Agent signature requi	red wher reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTV	DELETE	1.1 TITLE	Change Addition		
NAME	VERDE, FRANCISCO		1.2 NAME			
STREET ADDRESS	13390 NE AVE #310		1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33161		1.4 CHTY-ST-ZIP			
TITLE	D	☐ DELETE	21 THLE	☐ Change ☐ Addition		
NAME	VERDE, FRANCISCO		2.2 NAME	•		
STREET ADDRESS	13390 NE AVE #310		2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33161		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST-2IP			
TITLE		☐ DELFTE	5 1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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 suppliemental 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 viceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in