

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000082675 (6)**

1. Corporation Name

C.E. CREDITS, INC.



Principal Place of Business

**2999 NE 191ST ST., STE. 902
MIAMI FL 33180**

Mailing Address

**2999 NE 191ST ST., STE. 902
MIAMI FL 33180**

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 **305 S. Andrews Ave.**

Suite, Apt. #, etc.

22 **602**

City & State

23 **Ft. Lauderdale FL.**

Zip

24 **33301**

Country

25 **USA**

2a. Mailing Address

26 **305 S. Andrews Ave.**

Suite, Apt. #, etc.

27 **602**

City & State

28 **Ft. Lauderdale, FL.**

Zip

29 **33301**

Country

30 **USA**

4. FEI Number

☒ 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

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Ronald Cutler, Esq.**

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

1515-2 NW 167th Street #224

83

84 City **Miami**

FL

85 Zip Code
33169

11. Pursuant to the provisions of Sections 607.007 and 607.008, 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 job.

SIGNATURE

[Signature of Ronald Cutler]

Ronald Cutler

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FERRARI, ERIKA D**
STREET ADDRESS **2999 NE 191ST ST., STE. 902**
CITY-STATE-ZIP **MIAMI FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change: ☐ Addition
1.2 NAME **Erika D. Ferrari**
1.3 STREET ADDRESS **305 S. Andrews Ave. #602**
1.4 CITY-STATE-ZIP **Ft. Lauderdale, FL 33301**

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 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 of Erika D. Ferrari]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

DATE

(305)

763-2330

DAY/PHONE #

CR2E034 (12/95)