

<b>DOCUMENT # P95000094113</b>			
<b>1. Entity Name</b> <b>PRESTIGE CREDIT CORPORATION</b>			
<b>Principal Place of Business</b> 1031 EAST 49 STREET HIALEAH FL 33013		<b>Mailing Address</b> 1031 EAST 49 STREET HIALEAH FL 33013-2135	
<b>2. Principal Place of Business</b> 1041 East 49 Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1041 East 49 Street Suite, Apt. #, etc.	
<b>City &amp; State</b> Hialeah, FL		<b>City &amp; State</b> Hialeah, FL	
<b>Zip</b> 33013	<b>Country</b> USA	<b>Zip</b> 33013	<b>Country</b> USA
<b>6. Name and Address of Current Registered Agent</b>			
URRA, BENJI 1031 EAST 49 STREET HIALEAH FL 33013			<b>Name</b> Benji
			<b>Street Address</b> 128
			<b>City</b> Per
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD URRA, BENJI 1861 S.W. 133 AVENUE MIRAMAR FL 33127	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD URRA, GLADYS 648 EAST 56 STREET HIALEAH FL 33013	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>12.</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of a declaration of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b>			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

**SIGNATURE:** [Signature] 1/17/16 (305) 769-1113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #