

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P96000088598
1. Corporation Name
WEB C CREDIT CORP.

Principal Place of Business Mailing Address
633 E. OKEECHOBEE RD. 633 E. OKEECHOBEE RD.
HIALEAH, FL. 33010 HIALEAH, FL. 33010

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/28/96			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0703000		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				☐			
				6. Election Campaign Financing		5.00 May Be	
				Trust Fund Contribution		Added to Fees	
				☐			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		X Yes ☒ No ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDUARDO DJEREDJIAN				81 Name			
633 EAST OKEECHOBEE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH, FL. 33010				83			
				84 City			
				FL 85 Zip Code			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	633 E. OKEECHOBEE RD.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	HIALEAH, FL. 33010	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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; 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: _____ 4/29/97 (305) 805-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)