


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000091651 1. Corporation Name CREDIL U.S.A., INC.					
Principal Place of Business 407 Lincoln Road Suite 6G Miami Beach, FL 33139			Mailing Address 407 Lincoln Road Suite 6G Miami Beach, FL 33139		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/07/1996 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0712093 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 Blue Lagoon Drive Suite 700 Miami, Florida 33126			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE NAME D CAROZZI, RICARDO STREET ADDRESS 407 Lincoln Road, Suite 6G CITY-STATE-ZIP Miami Beach, FL 33139			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DP CAROZZI, RICARDO E. STREET ADDRESS 407 Lincoln Road, Suite 6G CITY-STATE-ZIP Miami Beach, FL 33139		
21 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME GONZALEZ DE CAROZZI, ILDA E. STREET ADDRESS 407 Lincoln Road, Suite 6G CITY-STATE-ZIP Miami Beach, FL 33139		
31 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CAROZZI, RICARDO D. STREET ADDRESS 407 Lincoln Road, Suite 6G CITY-STATE-ZIP Miami Beach, FL 33139		
41 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DVPS CAROZZI, DANIELA S. STREET ADDRESS 407 Lincoln Road, Suite 6G CITY-STATE-ZIP Miami Beach, FL 33139		
51 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
61 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
14. I 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: Ricardo D. Carozzi, Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)

P. Carozzi