

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathe Jne Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90012 005 ***150.00

DOCUMENT # P96000091651 ✓
i. 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1996

Principal Place of Business
100 Lincoln Road
Suite, Apt. #, etc.
Apt. 721
City & State
Miami Beach, FL
Zip
33139
Country
25
2a. Mailing Address
100 Lincoln Road
Suite, Apt. #, etc.
Apt. 721
City & State
Miami Beach, FL
Zip
33139
Country
29
30

4. FEI Number
65-0712093
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Miami Corporate Systems, Inc.
5200 Blue Lagoon Drive
Suite 700
Miami, FL 33126

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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.

11. Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| | <input type="checkbox"/> DELETE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME Carozzi, Ricardo E | | 1.1 TITLE D | |
| 2. ADDRESS 407 Lincoln Road, Ste 6G | | 1.2 NAME Carozzi, Ricardo E. | |
| 3. CITY-STATE-ZIP Miami Beach, FL 33139 | | 1.3 STREET ADDRESS 100 Lincoln Road, Apt. 721 | |
| 4. TITLE DVPT | | 1.4 CITY-STATE-ZIP Miami Beach, FL 33139 | |
| 5. NAME Carozzi, Ricardo D. | | 2.1 TITLE DVPT | |
| 6. ADDRESS 407 Lincoln Road, Ste 6G | | 2.2 NAME Carozzi, Ricardo D. | |
| 7. CITY-STATE-ZIP Miami Beach, FL 33139 | | 2.3 STREET ADDRESS 100 Lincoln Road, Apt. 721 | |
| 8. TITLE DVPS | | 2.4 CITY-STATE-ZIP Miami Beach, FL 33139 | |
| 9. NAME Carozzi, Daniela S. | | 3.1 TITLE DVPS | |
| 10. ADDRESS 407 Lincoln Road, Ste 6G | | 3.2 NAME Carozzi, Daniela S. | |
| 11. CITY-STATE-ZIP Miami Beach, FL 33139 | | 3.3 STREET ADDRESS 100 Lincoln Road, Apt. 721 | |
| 12. TITLE DVPS | | 3.4 CITY-STATE-ZIP Miami Beach, FL 33139 | |
| 13. NAME | | 4.1 TITLE | |
| 14. ADDRESS | | 4.2 NAME | |
| 15. CITY-STATE-ZIP | | 4.3 STREET ADDRESS | |
| 16. TITLE | | 4.4 CITY-STATE-ZIP | |
| 17. NAME | | 5.1 TITLE | |
| 18. ADDRESS | | 5.2 NAME | |
| 19. CITY-STATE-ZIP | | 5.3 STREET ADDRESS | |
| 20. TITLE | | 5.4 CITY-STATE-ZIP | |
| 21. NAME | | 6.1 TITLE | |
| 22. ADDRESS | | 6.2 NAME | |
| 23. CITY-STATE-ZIP | | 6.3 STREET ADDRESS | |
| 24. TITLE | | 6.4 CITY-STATE-ZIP | |

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 furnished 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, with all other like empowered.

SIGNATURE:

Ricardo Carozzi
Ricardo Carozzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 261-0500

CR2E034 (11/98)