


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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90214 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045993

1. Corporation Name
ZZ CREDIT, INC.



Principal Place of Business 111 NW 183 ST STE 420 MIAMI FL 33169	Mailing Address 111 NW 183 ST STE 420 MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 NW 183 ST Suite, Apt. #, etc. 22 510 City & State 23 MIAMI FLA. Zip 24 33169 Country 25 DADE		2a. Mailing Address 26 111 NW 183 ST Suite, Apt. #, etc. 27 510 City & State 28 MIAMI FLA. Zip 29 33169 Country 30 DADE		3. Date Incorporated or Qualified 05/22/1997 4. FEI Number 65-0751194 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent PRENTICE, PAUL 111 NW 183 ST STE 420 MIAMI FL 33169	10. Name and Address of New Registered Agent 81 Name PAUL PRENTICE 82 Street Address (P.O. Box Number is Not Acceptable) 111 NW 183 ST 83 Suite 510 84 City MIAMI FL 85 Zip Code 33169
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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 D <input type="checkbox"/> DELETE NAME PRENTICE, PAUL STREET ADDRESS 111 NW 183 ST STE 420 CITY-ST-ZIP MIAMI FL 33169		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Prentice, Paul 1.3 STREET ADDRESS 111 NW 183 ST Ste 510 1.4 CITY-ST-ZIP Miami, FL 33169	
TITLE VP <input type="checkbox"/> DELETE NAME PRENTICE, TAWNY STREET ADDRESS 111 NW 183RD STREET, SUITE 420 CITY-ST-ZIP MIAMI FL 33169		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Christopher Prentice 2.3 STREET ADDRESS 111 NW 183 St. Ste 510 2.4 CITY-ST-ZIP MIAMI FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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, with a different like empowered.

SIGNATURE:  **4/16/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)