

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000061864 (9)

1. Corporation Name  
CREDIT FIX, INC.



Principal Place of Business

5818 SUNSET DR.  
SOUTH MIAMI FL 33143

Mailing Address

5818 SUNSET DR.  
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

65-0769169

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 8500 SW 8TH STREET

Suite, Apt. #, etc.

22 SUITE 204

City & State

23 MIAMI, FL.

Zip

24 33144

Country

2a. Mailing Address

26 8500 SW 8TH STREET

Suite, Apt. #, etc.

27 SUITE 204

City & State

28 MIAMI, FL.

Zip

29 33144

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, MARIE  
5818 SUNSET DR.  
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

ARNOLD R. BARBARA

82

Street Address (P.O. Box Number is Not Acceptable)

8500 SW 8TH STREET,

83

SUITE 204

84

City

MIAMI

FL

85 Zip Code

33144

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

ARNOLD R. BARBARA

4/15/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

D  
NAME  
RODRIGUEZ, MARIE  
STREET ADDRESS  
5818 SUNSET DR.  
CITY-ST-ZIP  
SOUTH MIAMI FL 33143

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D  
1.2 NAME  
ARNOLD R. BARBARA  
1.3 STREET ADDRESS  
8500 SW 8TH STREET, SUITE 204  
1.4 CITY-ST-ZIP  
MIAMI, FL. 33144

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

4/15/98 (305)261-8000

CR2E034 (10/97)