

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000102886**

1. Corporation Name

STARCREDIT CORP.

Principal Place of Business

**601 BRICKELL KEY DRIVE SUITE 601
MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE SUITE 601
MIAMI FL 33131**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 024 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0804651

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

2. Principal Place of Business

2a. Mailing Address

21 1000 CORPORATE DRIVE, SUITE 320 **22 1000 CORPORATE DRIVE, SUITE 320**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FORT LAUDERDALE, FL

27 SUITE 320

City & State

City & State

23 33334 U.S.A.

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24

25

29 33334

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LA CRUZ, LUIS F JR
241 SEVILLA AVENUE SUITE 805
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROSALES, ERICK**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ROSALES, ERICK**
1.3 STREET ADDRESS **1000 CORPORATE DRIVE SUITE 320**
1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **STD** ☐ DELETE
NAME **TARRAU, GABRIEL**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BENAVIDES, ESTUARDO**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BERTONATII, CARLOS**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COBAR, ROBERTO**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **NIEVES, RICARDO**
STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 601**
CITY-ST-ZIP **MIAMI FL 33131**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)