

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90136 041 ***150.00

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000073559

1. Corporation Name

FLORIDA CREDIT REFERENCE, INC.

Principal Place of Business

6850 CORAL WAY
SUITE 308
MIAMI FL 33155

Mailing Address

6850 CORAL WAY
SUITE 308
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

65-0858060

Applied For

☐ Not Applicable5. 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

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

86 City

87 State

88 Zip Code

89 City

90 State

91 Zip Code

92 City

93 State

94 Zip Code

95 City

96 State

97 Zip Code

98 City

99 State

100 Zip Code

101 City

102 State

103 Zip Code

104 City

105 State

106 Zip Code

107 City

108 State

109 Zip Code

110 City

111 State

112 Zip Code

113 City

114 State

115 Zip Code

116 City

117 State

118 Zip Code

2. Principal Place of Business

6850 Coral Way #308
Suite, Apt. #, etc.
Miami - FL 33155
City & State
33155
Zip
Florida
Country
33155
Zip
Florida
Country
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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

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

Anicia Morales, President
 (NOTE: Registered Agent signature required when resigning)

DATE

3-16-99

12. OFFICERS AND DIRECTORS

| | | |
|-------|-----|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
|-------|-----|---------------------------------|

| | |
|----------------|-----------------|
| NAME | MORALES, ANICIA |
| STREET ADDRESS | 6850 CORAL WAY |
| CITY-ST-ZIP | MIAMI FL 33155 |

| | | |
|-------|-----|---------------------------------|
| TITLE | SVD | <input type="checkbox"/> DELETE |
|-------|-----|---------------------------------|

| | |
|----------------|-----------------|
| NAME | GARCIA, DARGELO |
| STREET ADDRESS | 6850 CORAL WAY |
| CITY-ST-ZIP | MIAMI FL 33155 |

| | | |
|-------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
|-------|--|---------------------------------|

| | |
|----------------|--|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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| TITLE | | <input type="checkbox"/> DELETE |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | | <input type="checkbox"/> DELETE |
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| | |
|----------------|--|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 807, 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:

Anicia Morales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-99 669-9850

CR2E034 (11/98)