FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S64860** **(7)**

1. Corporation Name
FORTUNE CREDIT CORPORATION

Principal Place of Business	Mailing Address
799 BRICKELL PLAZA **NEW ADDRESS**	799 BRICKELL PLAZA
SUITE 700 25 S.E. 2nd AVE. SUITE 435	SUITE 700
MIAMI FL 33131 MIAMI, FL 33131	MIAMI FL 33131
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0273679	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 25 SE 2nd Ave	26: SAME
22 Suite, Apt. #, etc.: 435	27 Suite, Apt. #, etc.:
23 City & State: MIAMI FL	28 City & State:
24 Zip: 33131 25 Country: USA	29 Zip: 30 Country:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIOIA, RENE J ~~799 BRICKELL PLAZA SUITE 700~~ ~~SUITE 1044~~ MIAMI FL 33131 **NEW ADDRESS** 25 S.E. 2nd AVE. SUITE 435 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	1.1 TITLE	(FRANCISCO TROULA) PRESIDENT	☒ Change ☐ Addition
NAME	P	1.2 NAME		
STREET ADDRESS	799 BRICKELL PLAZA SUITE 700	1.3 STREET ADDRESS	25 SE 2nd AVE SUITE 435	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STVP	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LOIZ, AMERICO. S	2.2 NAME	MARIA CRISTINA CUNHA	
STREET ADDRESS	799 BRICKELL PLAZA #700	2.3 STREET ADDRESS	25 SE 2nd AVE SUITE 435	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Francisco Troula - FRANCISCO TROULA 04/27/95 305-3736107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0129483 CP