

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18646

Entity Name: MUEBLE CREDIT CORPORATION**Current Principal Place of Business:**280 WEST 29TH ST.
HIALEAH, FL 33012**Current Mailing Address:**280 WEST 29TH ST.
HIALEAH, FL 33012**FEI Number:** 65-0146898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, CARMELO
1740 SW 85 AVE
MIAMI, FL 33155 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	GARCIA, CARMELO
Address	1740 S.W. 85TH AVE.
City-State-Zip:	MIAMI FL 33155

Title	VP
Name	GARCIA, HARRY
Address	1000 PARKVIEW DRIVE #814
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TD
Name	GARCIA, JOSEFA
Address	1740 S.W. 85HT AVENUE
City-State-Zip:	MIAMI FL 33155

Title	SD
Name	GARCIA, LISETTE
Address	1740 SW 85TH AVENUE
City-State-Zip:	MIAMI FL

Title	SD
Name	FRANKLIN, GARCIA B
Address	13248 NW 10 TERRACE
City-State-Zip:	MIAMI FL 33182

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARRY E GARCIA

VP

04/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date