

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **583325** (6)

1. Corporation Name
WORLD PREMIUM FINANCE CO., INC.

Principal Place of Business Mailing Address
**850 NW LE JEUNE RD
PO BOX 350250
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/24/1978** 3a. Date of Last Report **05/01/1994**

4. FET Number **59-1842860** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributions \$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 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORMOSE-MURIAS, HECTOR
1401 BRICKELL AVE
SUITE 730
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue, Penthouse
83
84 City **Miami,** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent or registered agent) _____ (Typed or printed name of registered agent) _____ (Typed or printed name of registered agent)

12. OFFICERS AND DIRECTORS	
12.1 NAME	D GARCIA ARMAS, SERAFIN
12.2 STREET ADDRESS	850 NW LEJEUNE RD.
12.3 CITY, ST, ZIP	MIAMI FL
12.4 NAME	S FORMOSO-MURIAS, HECTOR
12.5 STREET ADDRESS	1401 BRICKELL AVE SUITE 730
12.6 CITY, ST, ZIP	MIAMI FL
12.7 NAME	P MARTINEZ, JUAN MANUEL
12.8 STREET ADDRESS	850 NW LE JEUNE ROAD
12.9 CITY, ST, ZIP	MIAMI FL
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(6), Florida Statutes. I further certify that the information included 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 personally by an officer or director of the corporation or the officer 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 of this report. I am not acquainted with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR