

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L53180**

(0)

1. Corporation Name

QUICK PREMIUM FINANCE, INC.

APPROVED
AND
FILED

95 MAY -1 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**9040 SUNSET DRIVE
SUITE 40
MIAMI FL 33173**

Mailing Address

**9040 SUNSET DRIVE
SUITE 40
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1990

3a. Date of Last Report
03/29/1994

4. FEI Number
65-0185844

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 (1),
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

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGOLIS, JOHN A.
9040 SUNSET DR
SUITE 40
MIAMI FL 33173**

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 607.0402 and 607.1504, 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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
NIEVES, ANA
7884 W. FLAGLER STREET
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**ST
DITZIAN, GREGG
7884 W FLAGLER ST
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntary, true, correct and complete for the corporation stated in Sections 199.01(1), Florida Statutes. I further certify that the information is 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR