

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
*AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L53180

1. Corporation Name

QUICK PREMIUM FINANCE, INC.

Principal Place of Business

7884 W. FLAGLER ST.
MIAMI, FL 33144

Mailing Address

SAME

3. Date Incorporated or Qualified
2-27-90

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISETTE RODRIGUEZ
7884 W. FLAGLER ST.
MIAMI, FL 33144

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

Signature type for principal or non-principal registered agent and the applicable fee

(Note: Registered Agent Signature required when removing a p.p.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D
ANA NIEVES
7884 W. FLAGLER ST
MIAMI, FL 33144

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

400001959594
-08/30/96--01029--019
****225.00 ****225.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
RAFAEL RIUS
7884 W. FLAGLER ST.
MIAMI, FL 33144

☐ DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANA NIEVES, PRESIDENT

9-10-96

305-264-0170

CR2E034 (3/96)