

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

CORPORATION ANNUAL REPORT 1995

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



**APPROVED AND FILED**

95 APR 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M16655** (6)  
1. Corporation Name  
**SPECIALTY PREMIUM FINANCE COMPANY**

Principal Place of Business Mailing Address  
**8300 WEST FLAGLER STREET SUITE #250 MIAMI FL 33144** **8300 WEST FLAGLER STREET SUITE #250 MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/12/1985	03/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2545785	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICCIARDELLI, JOHN L. 8300 WEST FLAGLER STREET SUITE #250 MIAMI FL 33144				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, JOHN L.	2. NAME	
STREET ADDRESS	8300 WEST FLAGLER STREET	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	
TITLE	DST	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, DEBBIE	22. NAME	
STREET ADDRESS	8300 WEST FLAGLER STREET	23. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24. CITY - ST - ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, DENICE	32. NAME	
STREET ADDRESS	8300 WEST FLAGLER STREET	33. STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, RIKKI	42. NAME	
STREET ADDRESS	11420 N. BAYSHOSRE DR.	43. STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	44. CITY - ST - ZIP	
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, PATRICIA	52. NAME	
STREET ADDRESS	14105 S.W. 42ND TERRACE	53. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54. CITY - ST - ZIP	
TITLE	D	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARZON, JOSE	62. NAME	
STREET ADDRESS	14185 S.W. 87TH STREET	63. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 partner 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 checked, or on an attachment with an address.

SIGNATURE John L. Ricciardelli Date 4/10/95 305 226 0000  
(Type Name and Title or Print Name of Signing Officer or Director)