

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90061 017 ***150.00

UP 12085

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M44578**

1. Corporation Name
CENTURY PREMIUM INSURANCE FINANCE COMPANY, INC.



Principal Place of Business: 2701 LEJEUNE RD. STE. 408 CORAL GABLES FL 33134-2855 US
 Mailing Address: 2701 LEJEUNE RD. STE. 408 CORAL GABLES FL 33134-2855 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1987
 4. FEI Number: 59-2758830 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO, DEMETRIO
 244 BISCAYNE BLVD.
 MIAMI FL 33132

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
 TITLE: D DELETE
 NAME: CASTILLO, DEMETRIO
 STREET ADDRESS: 244 BISCAYNE BLVD
 CITY-ST-ZIP: MIAMI FL
 TITLE: D DELETE
 NAME: BARRUECO, ROBERTO
 STREET ADDRESS: 912 S.W. 89TH AVE.
 CITY-ST-ZIP: MIAMI FL
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS: 9915 N.W. 47TH TERRACE
 2.4 CITY-ST-ZIP: MIAMI, FL. 33178
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERTO BARRUECO SECRETARY**
 Signature and typed or printed name of signing officer or director

Date: 3-12-99 Daytime Phone #: (305) 448-6160

CR2E034 (11/98)