

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **794000021238**

1. Corporation Name  
**BBB PREMIUM FINANCE, INC.**

Principal Place of Business: **10691 N KENDALL DR SUITE 304 MIAMI, FL 33176**  
Mailing Address: **10691 N KENDALL DR SUITE 304 MIAMI, FL 33176**

3. Date Incorporated or Qualified: **03-15-94**  
3a. Date of Last Report: **1995**

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

4. FEI Number: **65-0483819**  
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**

81. Name: **HAL R. DOBRY**  
82. Street Address (P.O. Box Number is Not Acceptable): **10691 N KENDALL DR SUITE 304**  
83. City: **MIAMI, FL**  
84. Zip Code: **33176**

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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]* DATE: **4/5**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P/VP/S/T/D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BARRY GODIN</b>
STREET ADDRESS	<b>10691 N KENDALL DR SUITE 304</b>
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>P/T/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HAL R. DOBRY</b>
13 STREET ADDRESS	<b>10691 N KENDALL DR SUITE 304</b>
14 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VP/S/D</b>
23 STREET ADDRESS	<b>VICENTE PECORELLA</b>
24 CITY-ST-ZIP	<b>10691 N KENDALL DR SUITE 304</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>300001779273</b>
43 STREET ADDRESS	<b>-04/15/96--01018--005</b>
44 CITY-ST-ZIP	<b>***200.00</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.073(k), 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.

SIGNATURE: *[Signature]* **Hal Dobry** DATE: **4/5** KEYWORD: **407-588-7283**

CR2E034 (12/95)

4-12-96