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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

P95000093574 (8)

SECURITY PREMIUM FINANCE, INC.

Mailing Address Principal Place of Business 5228 W FLAGLER ST 5228 W FLAGLER ST MIAMI FL 33134 MIAMI FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1995 4. EET Number Applied For 2. Principal Place of Business 2a. Maling Address 65-0653408 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BERT ALEXANDER & ASSOCIATES. **BERT ALEXANDER & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 7521 SW 133RD ST **MIAMI FL 33156** 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 Statutes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1RIGOYEN, Humberto L & Change Addition 2121 S.W 3rd Ave #608 OELĒTĒ 1 1 TITLE TITLE IRIGOYEN, HUMBERTO L 1.2 NAME NAME 7521 SW 133RD ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 MIAMI, FL 33129 1.4 CiTY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2 1 1111 E TITLE QUINTANA, JOSE J 2.2 NAME NAME 2151 S.W. 139TH CT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 2.4 CITY - ST - ZIP CITY - ST - ZIP Change ■ Add-tion DELETE THILE 3.1 H/LE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY ST-ZIP CITY - ST - ZIP Change Addit on DELETE 4 1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CIPY - \$1 - 7/2 CITY-ST-ZIP Change Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 6 1 THE TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CHTY 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)(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 any officer or director of the corporation or the receiver or trusted employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name

appears in Block 12
SIGNATURE

12 or Block

fichanged, o

STREET ADDRESS

CITY-ST-ZIP

ON TURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

ent with an address

6/3/96 (305) 446-5063

CR2E034 (12/95)