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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021978 (6)

PREMI	um investments, corp.									
Principal Plac	ce of Business	Mailing Addr	ess				-	1 125 W II (1 11)	D) (1888 1831) 188	91 (B)(1881
1800 SOUTHWEST 8TH STREET 1800 SOUTHWEST 8TH STREET MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified			
							03/07/1997			
	Place of Business	2a. Mailing A	ddress				4. FEI Number		- - 	plied For
Suite, Apt.	N ot	Suite, Apt		·- <u>-</u>			65-0747217			t Applicable
22 Suite, Apr.	. #. etc.	27 Stille, Apr	. W, BIC.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	te	City & Sta	nte				6. Election Campaign Financing		\$5.00	·
23		28					Trust Fund Contribution		Added	
Zip	Country	Zip		Count	iry		8. This corporation owes or has p	aid the cu	rrent year Int	angible
24	25	29		30			Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curre	nt Registered Age	nt		1	Name	10. Name and Address of New R	egistered	Agent	
	NBA, MOISES III			L.	1					
3	00 SOUTHWEST 8TH STREET AMI FL 33135			6	2	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
l wn	MMI FL 33133			8	3	·····				
					1	-				
				l ⁸	4	City		FL	85 Zip (Code
office or agent. I a SIGNATURE	Signature, typed or printed hanc of registerio ag						oration submits this statement for the on's board of directors. I hereby acce of when reinstating. ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	D OFFICERS A		DELETE	1.1 TiTLE	 F		ADDITIONS/OFFANGES TO OFF	OLING AIN	Change	Addition
NAME	KABA, MOISES III			1.2 NAM						
STREET ADDRESS	1800 SOUTHWEST 8TH STR	EET		1.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33135			1.4 C/TY	-\$1	ZIP				
TITLE	D		DEFETE	21 TITU	E				Change	Addition
NAME	KABA, MARIA M			2.2 NAM	lE)				
STREET ADDRESS	1800 SOUTHWEST 8TH STR	tt!				ADDRESS				
CITY-S1-ZIP	MIAMI FL 33135		DELETE	2.4 CITY 3.1 TITLE		T-ZIP		··- ···	Change	Addition
NAME		L		3.1 MAM						۱۰۰۵۱۱۱۵۱۱ سے
STREET ADDRESS	1			J	-	ADDRESS }				
CITY-S1-ZIP	1			3.4. CITY						
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME	j			4, 2 NAN	ΛE]				
STREET ADDRESS	1			4.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			1	4.4 CITY		-ZIP			-	
TITLE		L	DELETE	5.1 TITLI					Change	☐ Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-S1-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		- ZIP			Change	Addition
NAME		b	2 200012	6.2 NAM					mingo	
STREET ADDRESS						ADDRESS				

14. Thereby 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.

SIGNATURE:

FILED

Mar 10 1998 8:00am

Secretary of State