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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **394624** (1)

1. Corporation Name

CAPITAL PREMIUM FINANCE COMPANY, INC.

Principal Place of Business

P.O. BOX 453508
MIAMI FL 33245

Mailing Address

P.O. BOX 453508
MIAMI FL 33245



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1972

2. Principal Place of Business	2a. Mailing Address
21 9485 S.W 72 ST	26 P.O. Box 830126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite A-295	27
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33173	29 33283
Country	Country
25 USA	30 USA

4. FEI Number
59-1581842

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEREZ, JORGE S.
4485 N. MERIDIAN AVENUE
MIAMI FL 33140**

10. Name and Address of New Registered Agent

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY - ST - ZIP	1.4 CITY - ST - ZIP
PTD	PT.D
MOLLEDA, JULIO C.	RENE T SANCHEZ
2200 SW 16TH STREET, SUITE 206	2127 BRICKELL AVE #1501
MIAMI FL	MIAMI, FL 33129
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY - ST - ZIP	2.4 CITY - ST - ZIP
VS	D
PEREZ, JORGE S.	Robert A Sanchez
4485 N. MERIDIAN AVE	530 S.W 88 PL WEST
MIAMI BEACH FL	MIAMI, FL 33174
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY - ST - ZIP	3.4 CITY - ST - ZIP
D	
SANCHEZ, NORMA	
2127 BRICKELL AVENUE #1501	
MIAMI FL	
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.4 CITY - ST - ZIP
D	
PEREZ, LILIA C.	
29 WEST RIVO ALTO	
MIAMI BCH FL	
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY - ST - ZIP	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. I 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 REQUIRED

1/9/98

CR2E034 (10/97)