SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **430858** **(1)**

1. Corporation Name

PREMIER MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2125SCAYNE BLVD SUITE 500 MIAMI FL 33137	2125SCAYNE BLVD SUITE 500 MIAMI FL 33137

3. Date Incorporated or Qualified: 07/19/1973
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business
21 2125 BISCAYNE BLVD
Suite, Apt. #, etc
22 STE 300
City & State
23 MIAMI, FL.
Zip 24 33137 Country 25 U-S

2a. Mailing Address
26 SAME
Suite, Apt. #, etc
27 SAME
City & State
28 SAME
Zip 29 SAME Country 30

4. FEI Number: 59-1521076 ☐ 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

FEINGOLD,LAURENCE,ESQ
301 ARTHUR GODFRY RD
SUITE 5
MIAMI BEACH FL 33131

10. Name and Address of New Registered Agent

81 Name: FEINGOLD, LAURENCE, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN RD
83 STE 704
84 City: MIAMI BEACH, FL. FL 85 Zip Code: 33139

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] NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	☐ DELETE
NAME	JAFFE, MORRIS	
STREET ADDRESS	555 NE 15 ST STE 34-A	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VICE PRESIDENT	[X] Change ☐ Addition
1.2 NAME	FELIPE LOPEZ	
1.3 STREET ADDRESS	700 EUCLID AVE # 100 MIAMI BEACH, FL 33139	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morris Jaffe MORRIS Jaffe Pres 7/15/96 (305) 576-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #