

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 # J64107 (2)

1. Corporation Name

FIDELITY PREMIUM FINANCE COMPANY



Principal Place of Business

Mailing Address

10680 SW 113TH PL  
4960 S.W. 72ND AVE..STE. 404  
MIAMI FL 33176  
US

10680 SW 113TH PL  
4960 S.W. 72ND AVE..STE. 404  
MIAMI FL 33176  
US

3. Date Incorporated or Qualified

03/20/1987

3a. Date of Last Report

05/26/1995

2. Principal Place of Business

21 10680 SW 113th Place

2a. Mailing Address

26 10680 SW 113th Place

4. FEI Number

59-2794175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33176

25 USA

29 33176

30 USA

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

CHAVEZ, JERRY  
10680 SW 113TH PL  
SUITE 404  
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10680 SW 113th Place

83

84 City Miami

FL

85 Zip Code 33176

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 PD ☐ DELETE  
NAME CHAVEZ, GERARDO  
STREET ADDRESS 10680 SW 113TH PL  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME GARCIA, TITO VICENTE  
STREET ADDRESS 7511 SW 89TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME DE LA OSA, JORGE  
STREET ADDRESS 10680 SW 113TH PL  
CITY-ST-ZIP MIAMI FL

TITLE TDS ☐ DELETE  
NAME DE LA OSA, CARLOS  
STREET ADDRESS 10680 SW 113TH PL  
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE  
NAME CHAVEZ, JERRY  
STREET ADDRESS 10680 SW 113TH PL  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Director Secretary Treasurer 03/04/96 (305) 273-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)