CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:20

DOCUMENT # K63073 (6)

1. Corporation Name
PREMIUM GROUP, INC.

Principal Place of Business	Mailing Address
12681 SO DIXIE HWY ~~P.O. BOX 450676~~ MIAMI FL 33156 US	BOX 450676 MIAMI FL 33245-0676 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/02/1989	02/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg. 22 NEW ADDRESS P.O. BOX 162809	Suite, Apt. # or Bldg. 27 NEW ADDRESS P. O. BOX 162809
City & State 23 MIAMI, FLORIDA 33116-2809	28 MIAMI, FLORIDA 33116-2809
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number
65-0186787
☐ 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. The 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
MARTIN, VAN R. 12681 S DIXIE HWY MIAMI FL 33156	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DVT MARTIN, VAN R. 12681 S DIXIE HWY MIAMI FL 33156	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☒ Change ☐ Addition NEW ADDRESS P. O. BOX 162809 MIAMI, FLORIDA 33116-2809
TITLE NAME STREET ADDRESS CITY ST ZIP	PS MARTIN, HARRIET 12681 S DIXIE HWY MIAMI FL 33156	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ Change ☐ Addition NEW ADDRESS P. O. BOX 162809 MIAMI, FLORIDA 33116-2809
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition RETURNED BY MAY 1

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)(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: _____ 4/30/95 305-235-2621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431510 FP