

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K77354

(4)

1. Corporation Name

PREMIUM SALES CORPORATION



Principal Place of Business

Mailing Address

20803 BISCAYNE BLVD.
SUITE 501
NORTH MIAMI BEACH FL 33180
US

20803 BISCAYNE BLVD.
SUITE 501
NORTH MIAMI BEACH FL 33180
US

3. Date Incorporated or Qualified

04/04/1989

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt # etc

26

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

25

9. Name and Address of Current Registered Agent

TROPIN, HARLEY S
2850 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33180

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]

Trustee

6/10/96

12. OFFICERS AND DIRECTORS

TITLE

PD

THENEN, KENNETH

20803 BISCAYNE BLVD., #500
NORTH MIAMI BEACH FL 33180

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

MORRIS, DANIEL

20803 BISCAYNE BLVD., #500
NORTH MIAMI BEACH FL 33180

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TR

TROPIN, HARLEY S
200 SO BISCAYNE BLVD,
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)