## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L2

L20795

(5)

## PREMIER DEVELOPMENT INTERNATIONAL, INC.

## FILED Jul 22 1998 8:00am Secretary of State



| Principal Place   | e of Business   | Mailing Address   |                           |                            | T CERTIFIEL BIS EINIT BRITT TORIS TRIBE BEST NEWS BIRTT BIRTT NIGHT BIRTT BIRTT BIRTT BIRTT BIRTT BIRTT BIRTT |  |
|---|---|---|---------------------------|----------------------------|---|--|
| 13010 MAR ST  | •.  | 13010 MAR ST  | •                         |                            | ·   |  |
| CORAL GABLES FL 83156   |   | GORAL GABLES FL 33156                                       |                           |                            |   |  |
| US  |   | U\$   | US                        |                            | DO NOT WRITE IN THIS SPACE  |  |
|   |   |   |                           |                            | 3. Date Incorporated or Qualified 10/05/1989  |  |
|   | lace of Business  | 2a. Mailing Address   | th                        | /a. #                      | 4. FEI Number   | Applied For  |
| 21 1740   | SW 104 STRE   | 26 7740 SW  | 104                       | Street                     | 65-0147246  | Not Applicable   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |                           |                            | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required  |
| City & State  |   | City & State  |                           |                            | 6. Election Campaign Financing  | \$5.00 May Be  |
| 23 MIN  | 1AMI FL 28 MIAMI FL.  |   |                           |                            | Trust Fund Contribution   | Added to Fees  |
| Zip 33.1  | Country   | DADE 29 33156   | Coun                      | try<br>AMI-DADE            | 8. This corporation owes or has paid the cu   | rrent year Intangible Yes No   |
| 24 35   |   |   | 30 1                      | 4                          | -l  | <b>/</b>   |
| 9, Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name 81 Name   |   |   |                           |                            |   |  |
|   | ES, CHARLES L   |   | Ľ                         | 1 tame                     |   |  |
|   | I SW 168TH ST<br>E #9   |   | 82 Street Add             |                            | ress (P.O. Box Number is Not Acceptable)  |  |
|   | AI FL 33157   |   | 1                         | 83                         |   |  |
|   |   |   | -                         | 84 City                    |   | 85 Zip Code  |
|   |   |   | l'                        | 34 310                     | F   | L 35 2,5 0000  |
| 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 |   |   |                           |                            |   |  |
| office or agent. I a  | registered agent, or both, in the<br>am familiar with, and accept the | e obligations of, section 607.0505, Fl                      | autnorizea<br>orida Statu | by the corporation<br>tes. | on s board of directors. I hereby accept the app  | antment as registered  |
| SIGNATURE   |   |   |                           |                            |   |  |
| 40  | Signature, typed or printed name of register                          | ered agent and title if applicable. (NI<br>RS AND DIRECTORS | OTE: Registere            | d Agent algnature requir   | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12   |
| 12.   | D   |   | 1.1 TITL                  | F 1                        | ADDITIONS/CHANGES TO OTTICENS P   |  |
| NAME  | TIMINSKY, GEORGE  | L] DELETE   | 1.2 NAN                   |                            |   | Change Addition  |
|   | 13010 MAR ST  |   |                           | EET ADDRESS                |   |  |
| STREET ADDRESS  | CORAL GABLES FL 3315  | æ   |                           |                            |   |  |
| CITY-ST-ZIP<br>TITLE  | D   |   | 1.4 CITY<br>2.1 TITL      |                            |   | Change Addition  |
| NAME  | TIMINSKY, PATRICIA D  | DELETE  | 2.2 NAM                   |                            |   | Change Addition  |
|   | 13010 MAR ST  |   |                           |                            |   |  |
| STREET ADDRESS  | CORAL GABLES FL 3315  | R   |                           | EET ADDRESS                |   | •  |
| CITY-ST-ZIP<br>TITLE  | COLAR CAMPER I F 09 12  |   | 2.4 CITS<br>3.1 TITL      |                            |   | Change Addition  |
| NAME  |   | ☐ DELETE  | 3.2 NAM                   |                            |   | ☐ Change ☐ Addition  |
| STREET ADDRESS  |   |   |                           | EET ADDRESS                |   |  |
| ***************************************   |   |   | 3.4 CITY                  |                            |   |  |
| CITY-ST-ZIP   |   | DELETE  | 4.1 TITL                  |                            |   | Change Addition  |
| NAME  |   | L] DELETE   | 4.2 NAM                   |                            |   | □ Chande □ Vandou  |
| STREET ADDRESS  |   |   |                           | EET ADDRESS                |   |  |
| CITY-ST-ZIP   |   |   | 4.4 CITY                  |                            |   |  |
| TITLE   |   | DELETE  | 5.1 TITL                  |                            |   | Change Addition  |
| NAME  |   | time occur  | 5.2 NAM                   |                            |   | The strength to the strength t |
| STREET ADDRESS  |   |   |                           | EET ADDRESS                |   |  |
| CITY-ST-ZIP   |   |   | 5.4 CITY                  |                            |   |  |
| TITLE   |   | DELETE  | 6.1 TITL                  |                            |   | Change Addition  |
| NAME  |   | CT OFFEIG   | 6.2 NAM                   |                            |   | shows [ results]   |
| STREET ADDRESS  |   |   | i i                       | EET ADDRESS                |   |  |
|   |   |   | 6.4 CITY                  |                            |   |  |
| CITY-ST-ZIP   | netify that the Information cupuli                                    | ad with this filing dose not qualify for t                  |                           |                            | ion 119 07(3)(i) Florida Statutes I further certifo   | that the information   |

indicated on this annual report or supplied with this hilling does not quality for the exemption stated in section 119.07(3)(i), Florida statutes. If further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath information an officer or director of the corporation or the focation or the focation or the focation or the focation of the corporation of the corporation or the focation of the corporation or the focation of the corporation of the corp

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