

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L21233** (6)

1. Corporation Name

GENERAL PREMIUM FINANCE COMPANY, INC.

Principal Place of Business

3915 BISCAYNE BLVD.
2ND FLOOR
MIAMI FL 33137
US

Mailing Address

3915 BISCAYNE BLVD.
2ND FLOOR
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
05/01/1994

4. FEI Number

65-0156950

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENZ, FRANK G
3915 BISCAYNE BLVD.
4TH FLOOR
MIAMI FL 33137

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: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	ESPIN, ROBERTO J
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	LOPEZ, JUAN A.
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	MOHAMAD, LUCIA
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	KAHN, RICHARD
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ALVAREZ, LUIS
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CUADRA, ENRIQUE
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Secretary ☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Delete S. ☒ 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 110.07(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:

Frank G. Melez
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/15/95
Date

805-576-7440
(Telephone Number)