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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L21233 (6)  
1. Corporation Name  
GENERAL PREMIUM FINANCE COMPANY, INC.



Principal Place of Business  
9915 BISCAYNE BLVD.  
2ND FLOOR  
MIAMI FL 33137  
US

Mailing Address  
3915 BISCAYNE BLVD.  
2ND FLOOR  
MIAMI FL 33137-3779  
US

3. Date Incorporated or Qualified 10/05/1989  
3a. Date of Last Report 05/01/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

MELENDEZ, FRANK

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

3915 BISCAYNE BLVD.

83 4TH FLOOR

84 City

MIAMI, FL

FL

85 Zip Code  
33137

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's signature required when reinstating)

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

☐ DELETE

☐ CHANGE ☐ ADDITION

TITLE TDS  
NAME LOPEZ, JUAN A.  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

☐ CHANGE ☐ ADDITION

TITLE D  
NAME MOHAMAD, LUCIA  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

☐ CHANGE ☐ ADDITION

TITLE V  
NAME KAHN, RICHARD  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

☐ CHANGE ☐ ADDITION

TITLE D  
NAME ALVAREZ, LUIS  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

☐ CHANGE ☐ ADDITION

TITLE D  
NAME CUADRA, ENRIQUE  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

☐ CHANGE ☐ ADDITION

14. I do hereby certify that the information supplied with this filing 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

*[Signature]*

*[Signature]*

CR2E034 (9/96)