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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90207 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21233**

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Guy Junger

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

3915 Biscayne Blvd.

83

84 City

Miami

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

Guy Junger
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ESPIN, ROBERTO J	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	LOPEZ, JUAN A.	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOHAMAD, LUCIA	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, LUIS	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUADRA, ENRIQUE	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T/D/S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lopez, Juan
2.3 STREET ADDRESS	3915 Biscayne Blvd.
2.4 CITY-ST-ZIP	Miami, FL 33137
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jackson, Shaun
3.3 STREET ADDRESS	3915 Biscayne Blvd.
3.4 CITY-ST-ZIP	Miami, FL 33137
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zuhlke, James
4.3 STREET ADDRESS	3915 Biscayne Blvd.
4.4 CITY-ST-ZIP	Miami, FL 33137
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Star, William
6.3 STREET ADDRESS	3915 Biscayne Blvd.
6.4 CITY-ST-ZIP	Miami, FL 33137

14. I 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, with all other like empowered.

SIGNATURE:

Juan A. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

X201

CR2E034 (11/98)