

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L31117 (9)**

1. Corporation Name

ALL FLORIDA PREMIUM FINANCE, INC.



Principal Place of Business

Mailing Address

400 S.W. 107 AVE.
STE. #302
MIAMI FL 33174

7370 SW 170 TERR
MIAMI FL 33157
US

3. Date Incorporated or Qualified 11/21/1989	3a. Date of Last Report 01/23/1995
4. FEI Number 65-0156649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENITEZ, RICHARD
7370 SW 170 TERR
MIAMI FL 33157**

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 officer 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 of person making a change to the existing registration

Signature of person being added or deleted

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PTS BENITEZ, RICHARD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	7370 SW 170 TERR	2. STREET ADDRESS	
3. CITY-STATE-ZIP	MIAMI FL	3. CITY-STATE-ZIP	
4. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY-STATE-ZIP		7. CITY-STATE-ZIP	
8. TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY-STATE-ZIP		11. CITY-STATE-ZIP	
12. TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY-STATE-ZIP		15. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(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. I changed, or on an attachment, with an address.

SIGNATURE: *Richard Benitez* **Richard Benitez Pres 2-2-96** **305 670 6450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)