

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 95 JUL 14 AM 11:33
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L50144 (9)

1. Corporation Name

FREEDOM PREMIUM FINANCE CORPORATION

Principal Place of Business

Mailing Address

**11529 QUAIL ROOST DR
 MIAMI FL 33157-0547**

**11529 QUAIL ROOST DR
 MIAMI FL 33157-0547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1990

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0190863

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

21 18839 SW 117 Ave

2a. Mailing Address

26 18839 SW 117 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33177

Country

25 USA

Zip

29 33177

Country

30 USA

9. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE L
 11529 QUAIL ROOST DRIVE
 SUITE 239
 MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

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

18839 SW 117 Ave

83

84 City

Miami

FL

85 Zip Code

33177

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

UPDT Hernandez III Jose L.

18839 SW 117 Ave

Miami, FL 33177

PPS Hernandez Jose L.

18839 SW 117 Ave

Miami, FL 33177

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 119.07(3)(b), 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/95 (205) 238-7670