

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M00087** (0)

1. Corporation Name

PREMIUM REALTY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% ALBERTO R. DE ARMAS
266 MIAMI SPRINGS AVENUE
MIAMI SPRINGS FL 33166

% ALBERTO R. DE ARMAS
266 MIAMI SPRINGS AVENUE
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified

05/01/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2420579

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

DE ARMAS, ALMA I.
266 MIAMI SPRINGS AVENUE
MIAMI SPRINGS FL 33166

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

Alberto R. De Armas

01-18-96

(Print Name of Agent/Registered Agent/Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DE ARMAS, ALBERTO R.
STREET ADDRESS 266 MIAMI SPRINGS AVE.
CITY- ST- ZIP MIAMI SPRINGS FL ☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VS
NAME DE ARMAS, ALMA I.
STREET ADDRESS 266 MIAMI SPRINGS AVE.
CITY- ST- ZIP MIAMI FL ☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TD
NAME DE ARMAS, ALBERTO R.
STREET ADDRESS 266 MIAMI SPRINGS AVE.
CITY- ST- ZIP MIAMI FL ☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

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)(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:

Alberto R. De Armas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-96

DATE

PRCS 887-3777

DATE/TIME/PHONE #

CR2E034 (12/95)