

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 # **M16958** (4)

1. Corporation Name

NATIONAL-WIDE PREMIUM FINANCE CORPORATION

Principal Place of Business

~~740 71ST STREET~~
~~MIAMI BEACH FL 33141-5156~~

Mailing Address

~~740 71ST STREET~~
~~MIAMI BEACH FL 33141-5156~~



2. Principal Place of Business

2a. Mailing Address

21 **16853 NE 2nd Avenue**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 401**

27

City & State

City & State

23 **North Miami Beach, FL**

28

Zip

Zip

24 **33162**

Country

Country

25 **USA**

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/18/1985

3a. Date of Last Report
01/13/1995

4. FEI Number

59-2646841

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

10. Name and Address of New Registered Agent

~~LOPEZ-AGUIAR, CARLOS C.~~
~~1040 S.W. 1ST ST.~~
~~MIAMI FL 33130-1094~~

81 Name

Richard Waserstein

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

413 Normandy Drive

83

84 City

Miami Beach

FL

85

**Zip Code
33141**

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]

(NOTE: Registered Agent signature required when registering)

2/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~ ☒ DELETE
NAME **RAJMAN, ISAAC**
STREET ADDRESS **740-71ST STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **V** ☐ DELETE
NAME **RAJMAN, JEANETTE**
STREET ADDRESS **740-71ST STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ~~S~~ ☒ DELETE
NAME **LOPEZ-AGUIAR, CARLOS C**
STREET ADDRESS **1040 S W 1ST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **P.N.P.S.D**
2.3 STREET ADDRESS **Jeanette Rajman Waserstein**
2.4 CITY-ST-ZIP **16853 NE 2nd Avenue, Suite 401**
North Miami Beach, FL 33162

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 655-2444

CR2E034 (12/95)