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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

16853 NE SECOND AVENUE
SUITE 401
NORTH MIAMI BEACH FL 33162
US

Mailing Address

740 71ST STREET
MIAMI BEACH FL 33141-3022
US

3. Date Incorporated or Qualified
06/18/1985

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 1111 Park Centre Blvd

Suite: ~~XXXXXX~~

22 300

City & State

23 Miami, FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 1111 Park Centre Blvd

Suite: ~~XXXXXX~~

27 300

City & State

28 Miami, FL

Zip

29 33169

Country

30 USA

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

9. Name and Address of Current Registered Agent

RICHARD WASERSTEIN
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD
NAME RAIJMAN-WESERSTEIN
STREET ADDRESS 16853 NE SECOND AVENUE, STE 401
CITY-STATE-ZIP NORTH MIAMI BEACH FL

☒ DELETE

TITLE S
NAME LOPEZ-AGUIAR, CARLOS C
STREET ADDRESS 1040 S W 1ST STREET
CITY-STATE-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS PT
1.2 NAME Stephen E. Michaelson
1.3 STREET ADDRESS 1111 Park Centre Blvd #300
1.4 CITY-STATE-ZIP Miami, FL 33169

☐ Change

☒ Addition

2.1 TITLE CFO
2.2 NAME Robert Cohen
2.3 STREET ADDRESS 1111 Park Centre Blvd #300
2.4 CITY-STATE-ZIP Miami, FL 33169

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE: *Stephen Michaelson* Stephen Michaelson

3/13/97

(305)620-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)