

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M20956 (2)

1. Corporation Name

FIRST PREMIUM FINANCE CORPORATION



Principal Place of Business

Mailing Address

MUSEUM TOWER SUITE 2000
150 WEST FLAGLER STREET
MIAMI FL 33130

FIRST PREMIUM FINANCE CO
5200 BLUE LAGOON DR STE 650
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 2600 Douglas Road
Suite, Apt. #, etc.

26 2600 Douglas Road
Suite, Apt. #, etc.

22 1105
City & State

27 1105
City & State

23 Coral Gables, FL
Zip Country

28 Coral Gables, FL
Zip Country

24 33134 25 DADE

29 33134 30 DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/23/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2602048 59-2779125
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

GEIGER, ROBERT S.
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

81 Name
THOMAS R. SPENCER, JR. ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Avenue - Suite 1901
83
84 City
Miami FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, if so authorized.

(NOTE: Registered Agent Signature required with reinstatement)

April 30, 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P SUAREZ, JESUS	5200 BLUE LAGOON DR., STE. 650	MIAMI FL	<input checked="" type="checkbox"/>
	S GEIGER, ROBERT S	1110 BRICKELL AVE., 7TH FLOOR	MIAMI FL	<input checked="" type="checkbox"/>
	CFO CORDOBA, O NAN	5200 BLUE LAGOON DR., STE. 650	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	CARLOS E. GONZALEZ	2600 Douglas Road, Suite 406	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DVP	MANUEL BLANCO	2600 Douglas Road, Suite 406	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	SERGIO L. FERNANDEZ	2600 Douglas Road, Suite 406	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 registered 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 (305) 448-5772

DATE

CR2E034 (12/95)