## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRGFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # M36722

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90072 027 \*\*\*150.00

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PREMIU	M GENER	AL, INC.											
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Principal Place of Business Mailing Address					i.			- !!!!!!	<b>                                    </b>				
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MIAMI FL 33165 MIAMI FL 33165										. •			[ 4]
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									08/13/1	1986	ľ	- ·	
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21 :			26	26					59-270	8833	<u> </u>	, N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5 Certificate	of Status Desire	ed □¹		Additional
22			27	27					0. 0000.0			Fee R	equired
City & State				City & State					6. Election 0	Campaign Financ	cing		May Be
23			28						Trust Fun	d Contribution		Added	to Fees
Zip	_	Country	ļ	Zip			try		,	oration owes the	current yea		
24		25	29			30				Property Tax.		Yes	□No
	9. Name	and Address of C	urrent Regis	stered Agent			81	Name	10. Name an	d Address of N	ew Register	rea Agent	
ĠΔE	RCIA, VICEN	ITE JR				'	ا'°	Name					
	1 SW 31 TE						82	Street Addre	ss (P.O. Box N	umber is Not Ac	ceptable)		
	MI FL 33155						83		William Chinese and State Andrews and the Angel Chinese Control of the Control of				
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						. [	84	City		The second of		FL 85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 60 ent, or both, in the	7.0502 and 6	607.1508, Flor	rida Statute	s, the abo	ove-	-named corpo	ration submits t	this statement for	the purpos	e of changing it	s registered
- effice or -	registered age	ent or both in the S	State of Florid	do Cuch char		ah anizad l	L 1L	ha comoratio	n's board of dire	ectors. I herebý a	accept the ap	ppointment as	egistered
amont 1 a	am familiar wit	th and accept the	obligations of	Section 607	0505 Flor	ida Statut	by tr	ne corporation					
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14. I 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 that gain of the corporation of 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 that gain of the corporation of the corpor

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/99 305-223-075

R2E034 (11/98)