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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M83114**

(2)

1. Corporation Name

PREMIER EAST INVESTMENTS, INC.

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE
STE 1002
MIAMI FL 33133
US**

Mailing Address

**1133 SOROLLA AVENUE
CORAL GABLES FL 33134
US**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TAFT, HOWARD
1133 SOROLLA AVE.
CORAL GABLES FL**

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 607.0402 and 607.1508, Florida Statutes, I, the undersigned, a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct, and I am a duly authorized officer or director of the corporation, and I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE

Signature of the undersigned officer or director

Signature of the undersigned officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
TAFT, HOWARD**
STREET ADDRESS **1133 SOROLLA AVE.**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

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 119.04(3)(k), Florida Statutes. I further certify that the information included on this annual report is supplemental information and 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; and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$200

3/26/96 (305) 8547342

CR2E034 (12/95)