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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83114

(2)

PREMIER EAST INVESTMENTS, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Piace	n of Rueinage	Mailing Addross		·		
Principal Piace of Business  2665 SOUTH BAYSHORE DRIVE  STE 1002  MIAMI FL 33133		1133 SOROLLA AVENUE	CORAL GABLES FL 33134-3561			1
U\$					3. Date Incorporated or Qualified 05/27/1988	3a. Date of Last Report 04/03/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apt.	#. etc.	26			65-0056006	Not Applicable  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counti	У	8. This corporation has liability for i	
24	g. Name and Address of Curr		30		Florida Statutes  10. Name and Address of New Re	Yes No
TAF	r, HOWARD	on nogisteros Agent	8	I Name	10, realite and Address of New He	gistoreo Agoni
	SOROLLA AVE.		8:	05551.6	dd (D.O. Daw Nilson - is Nist Assessed	1-1
	AL GABLES FL		8	Z Street A	ddress (P.O. Box Number is Not Acceptab	ле)
٠.			8:	3		
			84	City		85 Zip Code
				İ		FL
Diffice or re	ealstered acient, or both, in the Sta	te of Florida. Such change was a	uthorized t	ov the corpo	corporation submits this statement for the poration's board of directors. I hereby acces	urpose of changing its registered of the appointment as registered
agent. Lai	m tamiliar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statut	os.		,
SIGNATURE	Signature, typed or printed name of registered of	nent and title if sorticable (NOTE	Registered A	nent signature t	equired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	<del></del>
TITLE	DP .	DELETE	1.1 TO LE			Change Addition
NAME	TAFT, HOWARD		1.2 NAM8	:		
STREET ADDRESS	1133 SOROLLA AVE.		1.3 STRE	T ADDRESS		
City-\$1-ZIP	CORAL GABLES FL		1.4 C/1Y-	\$1-2IP		
TITLE		☐ DELETE	2.1 TITLE			Change    Addition
NAME			2 2 NAM6			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 GITY 3.1 TITLE	-SI-ZIP		☐ Change ☐ Addition
NAME			3.2 NAME	·		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY	-S1-ZIP	·	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	Ē		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-\$1-ZIP	<del></del>	□ pereze	4.4 CITY-	ST-ZIP		
TALE		L] DELETE	5.1 TITLE			Change Addition
NAME OTREET LOODSEON			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS		
TITLE	<u></u>	DELETE	5.4 CHY- 6.1 THLE	OI-TIL		☐ Change ☐ Addition
NAME		<del></del>	6.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CI Y	ST-ZIP		
14. I do hereb	by certify that the information supplied indicated on this appual report of	ied with this filing does not qualify	. for the	amotion at	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
l am an of appears ir	filicer or director of the corporation a Block 12 or Block 13 if changed,	or the receiver or trustee empower or on an attachment with an addr	ered to ear	cute this re	had in Section 119.0/(2)(f), Floring Statute that my signature shall have the same lega port as required by Chapter 607, Florida S	tatules; and that my name
	Untilayo	TAKH! WILLIAM	1/	7 .	, 7/U7)	7 505 1945 1757