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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000028846**

1. Corporation Name

PRIME PRODUCTS, INC.

Principal Place of Business

Mailing Address

**P.O. Box 800906
MIAMI, FL 33280-0906**

**P.O. Box 800906
MIAMI, FL
33280-0906**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

4/15/94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0498567

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAUBER, MILTON L.
2801 N.E. 183 ST. #306
MIAMI, FL 33160-2127**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRES / DIR.**
NAME **GLORIA TAUBER**
STREET ADDRESS **2801 N.E. 183 ST. #306**
CITY - ST - ZIP **MIAMI, FL 33160-2127**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VICE PRES / DIR.**
NAME **MARTIN TAUBER**
STREET ADDRESS **3300 N.E. 192 ST #718**
CITY - ST - ZIP **MIAMI, FL 33180**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

900001465233
-04/26/95 --01055--017
******200.00 ****200.00**

TITLE **SEC. - TREAS / DIR.**
NAME **MILTON L. TAUBER**
STREET ADDRESS **2801 N.E. 183 ST #306**
CITY - ST - ZIP **MIAMI, FL 33160-2127**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: **Milton L. Tauber** **MILTON L. TAUBER TREAS.** **4/10/95** **305-993-0833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1500

1500