OCUMENT # P94000084780

Entity Name

PREMIER INTERNATIONAL MORTGAGE CORP.

00 MAY 11 AM 10: 42

SECRETARY OF STATE ப்பட்டுவ் Place of Business Mailing Address TALBAHASSEE, FLORIDA **BRICKELL AVENUE** 2666 BRICKELL AVENUE **FLOOR** 3RD FLOOR MIAMI FL 33129-2810 FL 33129 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0555170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEFORTUNA, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 420 S MASHIA DRIVE **KEY BISCAYNE FL 33149** City Zip Code FL The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE:NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition NAME BEET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE ☐ Change DEFORTUNA, EDGARDO NAME 420 S MASHTA DR STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL ****300.00 Delete TITLE ΪF NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME REET ADDRESS STREET ADORESS CITY-ST-ZIP Y-ST-ZIP Addition Defete ☐ Change ĽΕ TITLE

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z'P

CITY-ST-ZIP

IGNATURE:

ME

REET ADDRESS

REET ADDRESS

Y-ST-ZIP

Y-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

☐ Addition

☐ Change

\$94000084780

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PREMIER INTERNATIONAL MORTGAGE CORP. DOC.#P94000084780

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

EDGARDO DEFORTUNA

DIRECTOR