

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000092306 (7)

1. Corporation Name

PREMIER SERVICES OF MIAMI, INC.



Principal Place of Business

1700 SW 57TH AVENUE  
SUITE 221  
MIAMI FL 33155  
US

Mailing Address

1700 SW 57TH AVENUE  
SUITE 221  
MIAMI FL 33155  
US

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 8399 NW 66<sup>ST</sup>

Suite, Apt. #, etc.

22 SUITE #8

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 U.S.

2a. Mailing Address

26 8399 N.W. 66<sup>ST</sup>

Suite, Apt. #, etc.

27 SUITE #8

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 U.S.

4. FEI Number

65-0546515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VELOCCI, RALPH  
1700 SW 57TH AVENUE  
SUITE 221  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8399 N.W. 66<sup>ST</sup>, SUITE #8

84 MIAMI, FL

City

MIAMI

FL

85 Zip Code

33166

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS VELOCCI, RALPH  
CITY-ST-ZIP 1700 SW 57TH AVENUE, SUITE 221  
MIAMI FL

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS VELOCCI, VANESSA  
CITY-ST-ZIP 1700 SW 57TH AVENUE, SUITE 221  
MIAMI FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS VELOCCI, JAIME  
CITY-ST-ZIP 1700 SW 57TH AVENUE, SUITE 221  
MIAMI FL

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS WIEN, ABRAHAM  
CITY-ST-ZIP 1700 SW 57TH AVENUE, SUITE 221  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8399 NW 66<sup>ST</sup>, SUITE (8)  
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 8399 N.W. 66<sup>ST</sup>, SUITE (8)  
2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 8399 N.W. 66<sup>ST</sup>, SUITE (8)  
3.4 CITY-ST-ZIP MIAMI, FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D.V.P.  
4.3 STREET ADDRESS 8399 N.W. 66<sup>ST</sup>, SUITE (8)  
4.4 CITY-ST-ZIP MIAMI, FL 33166

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
5.3 STREET ADDRESS HAWKINS, LARRY  
5.4 CITY-ST-ZIP 8399 N.W. 66<sup>ST</sup>, SUITE (8)  
MIAMI, FL 33166

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)(k), 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 on an attachment with an address.

SIGNATURE:

ABRAHAM WIEN, D.V.P.

4/29/96 (305) 590-0999

CR2E034 (12/95)