

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

Mailing Address

1700 SW 57TH AVENUE
SUITE 221
MIAMI FL 33155
US

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

2a. Mailing Address

21 **8399 NW 66ST**

26 **8399 N.W 66ST**

4. FEI Number

65-0546515

Applied For

Not Applicable

22 **SUITE #8**

27 **SUITE #8**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **MIAMI, FL**

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33166** 25 **U.S**

29 **33166** 30 **U.S**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

8399 N.W 66ST, SUITE #8

83

MIAMI, FL

84

MIAMI

85

Zip Code

FL 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **8399 NW 66ST, SUITE (8)**
1.4 CITY-ST-ZIP **MIAMI, FL 33166**

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **8399 N.W 66ST, SUITE (8)**
2.4 CITY-ST-ZIP **MIAMI, FL 33166**

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **8399 N.W 66ST, SUITE (8)**
3.4 CITY-ST-ZIP **MIAMI, FL 33166**

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

4.1 TITLE Change Addition
4.2 NAME **D.V.P.**
4.3 STREET ADDRESS **8399 N.W 66ST, SUITE (8)**
4.4 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **D HAWKINS, LARRY**
5.3 STREET ADDRESS **8399 N.W 66ST, SUITE (8)**
5.4 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE DELETE
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)(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 in an attachment with an address.

SIGNATURE:

ABRAHAM WIEN, D.V.P

4/29/96

(305) 590-0999

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)