

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004260 (2)

1. Corporation Name

PREMIUM SPORTS CARDS, INC.



Principal Place of Business

Mailing Address

1140 N.E. 163RD ST.
SUITE 5
NORTH MIAMI BEACH FL 33162

1140 N.E. 163RD ST.
SUITE 5
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1140 NE 163rd St NMB

26 1140 NE 163rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5 suite

27 #5 suite

City & State

City & State

23 NMB FL

28 NMB FL 33162

Zip

Zip

Country

Country

24 33162

25 DADE

29 33162

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARX, JAMES
150 S.E. SECOND AVE.
SUITE 500
MIAMI FL 33131

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 agent 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

Mark Spinner

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

7/1/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1
MARK SPINNER
[] DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
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TITLE
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31 TITLE
32 NAME
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34 CITY - ST - ZIP
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TITLE
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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
[] Change [] Addition

TITLE
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CITY - ST - ZIP
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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
[] Change [] Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Spinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96 (305) 354-7675

Daytime Phone #

CR2E034 (3/96)