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FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000020093 (7)

1. Corporation Name

PREMIER FINANCIAL INVESTMENTS, INC.

Principal Place of Business

2100 SALZEDO ST SUITE 301  
CORAL GABLES FL 33134

Mailing Address

2100 SALZEDO ST SUITE 301  
CORAL GABLES FL 33134-4323

3. Date Incorporated or Qualified  
03/13/1995

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

21 1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

22 302

City & State

23 Coral Gables FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 302

City & State

28 Coral Gables FL

Zip

29 33134

Country

30 USA

4. FEI Number

65-0563790

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

RIVERA, GLENN  
6702 SW 48 TERRACE  
BRICKELL BAY TOWER  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

RIVERA, GLENN

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

6702 S.W. 48 TERRACE

83

84 City

Miami

FL

85 Zip Code

33155

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)

1-13-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME RIVERA, GLENN  
STREET ADDRESS 2100 SALZEDO ST SUITE 301  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

DATE

(308) 908-4648

DAYTIME PHONE #

0182312

CR2E034 (9/96)