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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000058992 (5)**

1. Corporation Name
PREMIUM QUALITY TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD. SUITE 440 MIAMI FL 33126	782 NW LEJEUNE RD. SUITE 440 MIAMI FL 33126-5549

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business
21: 780 NW Lejeune Rd.
22 Suite, Apt. #, etc.: 318
23 City & State: Miami FL
24 Zip: 33126 25 Country: USA

2a. Mailing Address
26: 780 Lejeune Rd.
27 Suite, Apt. #, etc.: 318
28 City & State: Miami, FL
29 Zip: 33126 30 Country: USA

4. FEI Number: APPLIED FOR 65-0599715 ☐ 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**

ARECEW, M J
782 N.W. LEJEUNE RD.
SUITE 440
MIAMI FL 33126

10. **Name and Address of New Registered Agent**

81 Name: Areces M. Jorge
82 Street Address (P.O. Box Number is Not Acceptable): 780 NW Lejeune Rd #318
83
84 City: Miami, FL **FL** 85 Zip Code: 33126

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] DATE
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	PSTD ☐ Change ☐ Addition
NAME	ARECES, M J	1.2 NAME	Areces, M.J.
STREET ADDRESS	782 NW LEJEUNE RD. SUITE 440	1.3 STREET ADDRESS	780 NW Lejeune Rd. Suite 318
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	V ☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	ARECES, M J	2.2 NAME	Areces, M.J.
STREET ADDRESS	782 NW LEJEUNE RD. SUITE 440	2.3 STREET ADDRESS	780 NW Lejeune Rd. Suite 318
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 3.27.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #