

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000058992 (5)**

1. Corporation Name
PREMIUM QUALITY TITLE SERVICES, INC.

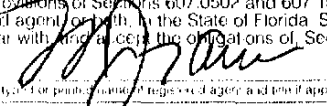
Principal Place of Business 782 NW LEJEUNE RD. SUITE 440 MIAMI FL 33126	Mailing Address 782 NW LEJEUNE RD. SUITE 440 MIAMI FL 33126-5549
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2. Principal Place of Business 21 780 NW Lejeune Rd. 22 318 23 MIAMI FL 24 33126 25 USA		2a. Mailing Address 26 780 Lejeune Rd. 27 318 28 MIAMI, FL 29 33126 30 USA		3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Report 06/13/1996
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					

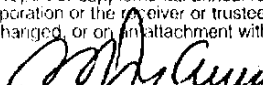
9. Name and Address of Current Registered Agent ARECEW, M J 782 N.W. LEJEUNE RD. SUITE 440 MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name ARECES M. Jorge 82 Street Address (P.O. Box Number is Not Acceptable) 780 NW Lejeune Rd #318 83 84 City MIAMI, FL 85 Zip Code 33126			
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11. 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:  (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ DELETE	2.1 TITLE	☐ 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	

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

CR2E034 (9/96)