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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000065261 (6)

MAGNO	DLIA PREMIUM FINANCE, IN	IC.			A LOGATIPAL DE NEMA ALUM DAMO DATOS E	AN DAN AND PIN	112) 3	
			N KENDALL DR. SUITE 304			### #### ############################		
MIAMI FL 3313	76	MIAMI FL 33176-1551			3. Date Incorporated or Qualified			port
		2a. Mailing Address			08/22/1995	05/17/		
······································					4. FEI Number 65-0635943		F4	lied For
			Apt #, etc.			<u> </u>	B.75 AC	Applicable
22 27					5. Certificate of Status Desired		Fee Req	
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 A	
7(p)	Country	Country Zip		,	8. This corporation has liability to		under s.	
[24]	25 9. Name and Address of Currer		30]		10. Name and Address of New i			
GAI	RNER, RANDOLPH		81	Name				
10691 N KENDALL DR, SUITE 304 MIAMI FL 33176				Street Addr	dress (P.O. Box Number is Not Acceptable)			
1	UMI FL 33170		83					
			84	City		85	Zip Ci	ode
	to the provisions of Sections 607.050		[<u> </u>		PL (1	
office or agent 1 a StGNATURE	registered agent, or both, in the State arrifamit ar with, and accept the oblig	of Florida, Such change water ations of, Section 607,0505,	as authorized by Florida Statutes	the corporat	ion's board of directors. I hereby acc	DATE	něnt as r	egistered
12.	Signal we typed or print discreted registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			aur eiduterne terlan	ADDITIONS/CHANGES TO OFF		ECTORS	IN 12
DILE	PSTD	DELETE	1.1 TITLE				Change	Addition
NAME	GARNER, RANDOLPH		1.2 NAME	ŀ				ł
STREET ADDRESS	10691 N KENDALL DR, SUITE	304	1.3 STREET ADDRESS					į,
CHY-ST-7/P	MIAMI FL 33176		1.4 City-S	ST-ZIP			Ob as as	T described
THE	VD DELETE WESTON, ADAM		2 1 TITLE 2.2 NAME			L	Char ge	☐ Addition
NAME STREET ADDRESS	40004 N MENDALL DO CHITE 404			ADDRESS	•			
CITY ST-Zie	MIAMI FL 33178	• • •	2.4 GITY-5			2.4		į
Tillet	DELETE		3.1 TITLE				Change	Addition
NAME			3.2 NAME					Ì
STREET ADDRESS	,		3.3 STREET	ADDRESS				İ
CITY - S1 - ZIP		DELETE	3 4. CITY - 1	ST-ZIP			Change	Addition
101LE		ביין טבובוב	4.1 TITLE 4.2 NAME	ļ		ل_ا	or retrige	☐ ¥00⊞0⊞
NAME STWEET ADDRESS			4.2 NAME 4.3 STREET					[
CITY-SI-ZIP			4.4 CiTY-S	i i				!
THEF		DELETE	5 1 TITLE				Change	Addition
NAME			52 NAME	[ļ
STREET ADDRESS			5.3 STREET					ĺ
CITY-ST ZIF		T person	5.4 CITY - 5	ST-ZIP			Oha-aa	I delition
Titel	1	. DELETE	6.1 TITLE	4		L.J	Change	Addition

14. I do hereby certify that the information supplied with this filling 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 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 chapted, or on an atjachment with an address

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

CHTY+\$1-ZIP

FILED

Apr 22 1997 8:00am

Secretary of State

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