

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90056 003 ***150.00

DOCUMENT # P95000097365 ✓

1. Corporation Name

GRAND PARK PREMIUM FINANCE, INC.

Principal Place of Business
10691 N. KENDALL DR., STE. 304
MIAMI FL 33176

Mailing Address
10691 N. KENDALL DR., STE. 304
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number
65-0630602

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

30.

9. Name and Address of Current Registered Agent

CABRERA, ROLANDO A
10691 N. KENDALL DR., STE. 304
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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 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) Agent or printed name of registered agent and title, if applicable

(2007 Registered Agent Signature required when constitution)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	CABRERA, ROLANDO A
STREET ADDRESS	10691 N. KENDALL DR., STE. 304
CITY-STATE-ZIP	MIAMI FL 33176
TITLE	VD
NAME	BEHAR, JOSE
STREET ADDRESS	10691 N. KENDALL DR., STE. 304
CITY-STATE-ZIP	MIAMI FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Add
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Add
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Add
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Add
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Add
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Add
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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APR 30 1999
BUREAU OF
SPECIALTY INSURERS

14. I 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, with all other like empowered

SIGNATURE

[Signature]

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR