03-22-1999 90116 038 ***158.75

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089101

1. Corporation Name

Principal Place of Business

ST. JAMES PREMIUM FINANCE COMPANY

1 S.E. 3RD AVENUE SUITE 1440 MIAMI FL 33131		1 S.E. 3RD AVENUE Suite 1440 Miami Fl 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
	•					10/29/19	•		*		
2. Principal Place of Business 2a. Mailing Address					_	4. FEI Numb				Applied For	
21		26				65-0314	491			Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired	\mathbf{x}		5 Additional	
22	<u></u>	27				~ -	_			Required	
City & State 23		City & State				ampaign Financing I Contribution	^g 🗆		DO May Be ed to Fees		
Zip Country		Zip				8. This corpo	ration owes the cu	ırrent year İnta	ngible		
24	25 29 30		<u> </u>		•	Personal F	Property Tax.	<u> </u>	☐ Yes	No	
	9. Name and Address of Currer	nt Registered Agent		,		10. Name and	Address of New	Registered A	gent		
			81	Na	me					}	
RAHMAN, NASIM A 1 S.E. 3RD AVENUE			82	Str	eet Address	Address (P.O. Box Number is Not Acceptable)					
SUITE 1440			83		_						
MIAN	AI FL 33131			-					85 2	Zip Code	
			84		•			FL		·	
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		ANOTE: D			sture required wh	on coloniating)		DATE		<u></u>	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ii siyiia	tore required with	-	CHANGES TO C		D DIREC	CTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE						☐ Chan	nge 🔲 Addition	
NAME	DAHLAWI, ABDULLAH		1.2 NAME								
STREET ADDRESS	1 S.E. 3RD AVE., S TE 1440		1.3 STREE	TADOR	RESS						
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-S	ST-ZIP							
TITLE	D	☐ DELETÉ	2.1 TITLE						☐ Chan	nge 🗌 Addition	
NAME	DAHLAWI, GHASSAN		2.2 NAME							Ì	
STREET ADDRESS	1 S.E. 3RD AVE., STE 1440		2.3 STREE	TADDR	RESS					ĺ	
CITY-ST-ZIP ~	MIAMI FL 33131	-,	2. 4 CITY-	ST-ZIP		. • • -			. =	nge 🗍 Addition	
TITLE	PD	☐ DELETE	3.1 TITLE							ige [] Addition	
NAME	NASIM, RAHMAN A	,	3.2 NAME								
STREET ADDRESS	1 S.E. 3RD AVE.,S TE 1440		3.3 STREE		RESS		•				
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	3.4. CITY-1	S1-ZIP				_	☐ Chan	nge	
NAME	VP		4. 2 NAME								
STREET ADDRESS	WIEDMAN, H E 1 S.E. 3RD AVE., STE 1440		4.3 STREE		RESS				•	•	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-S								
TITLE	MICHIEL LOCIOT	☐ DELETE	5.1 TITLE						Char	nge 🔲 Addition	
NAME			5.2 NAME								
STREET ADDRESS			53 STREE	T ADDR	RESS						
CITY-ST-ZIP	i		5.4 CITY-5	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						Char	nge Addition	
NAME			6.2 NAME								
STREET ADDRESS		·	6.3 STREE	T ADDF	RESS						

14. I hereby certify that the information supplied with the 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 reflort 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 colderation of 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 chapters, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305~374-106*0*