## 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

## DOCUMENT # **P97000047022**1. Corporation Name

PREM INTERNATIONAL, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90181 018 \*\*\*150.00



Principal Place	of Business	Mailing Address				I IDBII480 IIP FULII IBDII DUII ABIIL AB	(11) <b></b> 11) 83811 18811 8811	)
7247 NW 54TH MIAMI FL 33166	ST	7247 NW 54TH ST MIAMI FL 33166			ļ	DO NOT WRITE I	N THIS SPACE	
US US					-	3. Date Incorporated or Qualifed		
						05/28/1997		
2 Principal Pl	ace of Business	2a. Mailing Address			<del></del>	4. FEI Number	— Ar	oplied For
						65-0765687	1	ot Applicable
Suite, Apt. #	# etc		Suite, Apt. #, etc.				\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	-	_ City & State	<u> </u>			- 6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees		
23	28							
Zip	Country	Zip	Countr	у	1	8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	[29] [30]			Personal Property Tax.			
9. Name and Address of Current Registered Agent 10. Name and Address of New Regis								
VELLY BILCO					196	a Criftenden		
KELLY, HUGO			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
7247 NW 54TH ST				<u> </u>	4 10	5W72 Ct.		_ <del></del>
MIAMI FL 33166			83	<b>*</b>				1
			84	City	Mia	Luli	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statutes.	the abov	<u>l</u> ∕e-named	1 corner	ation submits this statement for the pure	nose of changing its	registered
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	1910	village	nietnend An	nt eignature	required w	rhen reinstating)	DATE	j
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	n signature	Tiequilou W	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T -		Change	☐ Addition
	KELLY, HUGO		1.2 NAME					ļ
NAME				T ADDRESS				
STREET ADDRESS	7247 NW 54TH ST				'			
CITY-ST-ZIP	MIAMI FL 33166	☐ DELETE	1.4 CITY- 2.1 TITLE	5 -ZIP	-{		☐ Change	Addition
TITLE	VP	C) Deterie			Ì			
NAME	BAHOI, DETIGIO		2.2 NAME		_			
STREET ADDRESS	7247 1447 04111 01			ET ADDRESS	١			
CITY-ST-ZIP	Will divid 11 to 10 to 1		2.4 CITY		<del> </del>		- Change	Addition
TITLE	<b>]</b>		3.1 TITLE					
NAME			3.2 NAME					\
STREET ADDRESS				ET ADDRESS	5			
CITY-ST-ZIP			3.4. CITY		<del> </del>		C Observe	— Addition
TITLE		☐ DELETE	4.1 TITLE			•	☐ Change	☐ Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STRE	ET ADORESS	s			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition (
NAME			5.2 NAME					}
STREET ADDRESS			5.3 STRE	ET ADDRESS	s			
CITY-ST-ZIP	•		5.4 CITY-	ST-ZIP		·		
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADORESS	s			
1					1			ļ

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 trystee ampowered 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 adaptifient with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR