	PROPATION ASSESSMENT ASSESSMENT	FLORIDA DENART Katherine Secretary DIVISION OF CO	Harris of State	LOLIARY OF CORP	STATE CPATICES
DOCUI 1. Corporation Gremi	n Name	† a		99 AUG 23 AM	9: 20
2. Principal P. 21 Suite, Apt.	e of Business ONW 24 57. mi, Fla. 331. tace of Business #, etc.	Mailing Address 2a. Mailing Address 26 Suite, Apt. #, etc. 27		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 1 997 4. FEI Number //A 5. Certificate of Status Desired [.]	Applied For Not Applicable \$8.75 Additional Fee Required
Zip Zip	Country	City & State	Country	Rection Commoning Eleganism Rection Commoning Eleganism Rection Commoning Eleganism Rection Commoning Eleganism	\$5.00 these langible
24	9. Name and Address of Current	29 3	<u>o</u>	Personal Property Tax. 10. Name and Address of New Registered	☐Yes ☐No
Haist Holi mia	bam I Elann o DW 24 8. mi. Fla. 331	•	81 Name 82 Street Addres 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations of sections, the section of the s	ons of, Section 607,0505, Florid and life if applicable (NOTE Ro	a Statutes Spiriture required	oration submits this statement for the purpose of present of directors. I hereby accept the appoint of directors are presented by the purpose of the purpose	99
TITLE NAME STREET ADDRESS	Haissam Elans	☐ DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
CITY-ST-ZIP	miami, Fla. 3	3142	14 CITY-ST-ZIP		\
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELÉTE	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	500002969 -08/24/99(****300.00	□Change □Addition I□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] OELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADORESS 44 CITY-ST-ZIP		[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	B8/8/23	[_]Change [_] Addution
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:

Description of the private base of signing officer or director.

Description of the corporation of the receiver or trustee empowered.

SIGNATURE:

Description of the private base of signing officer or director.

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

7 - 26 - 59 (305) 37/0525

prémien fachaging, inc. 40 60 NW 04 5T. miami, Fla. 33 142

Division of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

Subject: Premier Packaging, iNC. Ref. Number: P97000091453

Dear, Sean Toner

Gerour Conversation on the phone, the above Listed Corporation yearly report for 1998 and 1999 Was not recieved by me.

inth the cheek, you will find the reinstate form the your send me to fill out and mail back to you with my cheek. If you have any questions loncering the filing of my downent please write me at the above address

Sicerely Jaissan Elannan Harssam Elannan