

**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**  
**99 SEP 22 AM 11:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # P98000022452**

1. Corporation Name

**G.A.WALKER, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 823803**  
**South Florida,**  
**Florida 33083-3803**

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>P.O. BOX 823803</b>	26	<b>65-0740119</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>South Florida, Fl</b>	28		
Zip	Country		
24 <b>33082</b>	29 <b>USA</b>		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CARLOS J. ARBOLEYA, JR., P.A.</b> <b>2550 South Dixie Highway</b> <b>Coconut Grove, FL 33133</b>	81 Name <b>GERARD A. WALKER</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>2240 NW 196th Terrace</b>
	83
	84 City <b>Miami</b> FL 85 Zip Code <b>33056</b>

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]* DATE **9/21/1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director/Secretary</b>	1.2 NAME	<b>Gerard A. Walker</b>
STREET ADDRESS	<b>Gerard A. Walker</b>	1.3 STREET ADDRESS	<b>2240 NW 196 Terrace</b>
CITY-ST-ZIP	<b>33056</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33056</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	2.2 NAME	<b>400002998504--7</b>
STREET ADDRESS	<b>Eric Rene Vatel</b>	2.3 STREET ADDRESS	<b>-09/28/99--01005--009</b>
CITY-ST-ZIP	<b>1766 Michigan Avenue</b>	2.4 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miami Beach, FL 33139</b>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* DATE **09/21/1999** (305) 538-8182

CR2E034 (1/98)

LAW OFFICE OF  
**CARLOS J. ARBOLEYA, JR. P.A.**

CARLOS J. ARBOLEYA, JR.

2500 SOUTH DIXIE HIGHWAY  
COCONUT GROVE, FLORIDA 33133

TELEPHONE: (305) 856-0076  
FACSIMILE: (305) 856-9191  
E-MAIL: arboleya@wwtelco.com

September 13, 1999

State of Florida  
Department of State  
Division of Corporation  
P.O. BOX 6327  
Tallahassee, Fl 32314

Re: Nation Premium Finance, Inc.

Gentlemen:

As per my conversation with Michelle of the re-instatement's office, please be advised that the address for the above captioned corporation was updated incorrectly by your office and therefore, we are requesting that you waive the \$500.00 penalty fee.

The principal address of this corporation is 2550 South Dixie Highway, Coconut Grove, Fl 33133. (I am enclosing a copy of the printout that your office faxed to us at our request).

The 1999 Annual Report will be send as soon as you mailed the form to our office, as well as our check for \$150.00.

Please feel free to contact the undersigned, if you have any questions.

Very truly yours,

  
GILDA ZAYAS, Legal Assistant  
CARLOS J. ARBOLEYA, JR., P.A.

/ms.  
Encl.  
c.c.: Tony Iglesias

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