

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 06, 1999 8:00 am  
Secretary of State

05-06-1999 90266 029 \*\*\*150.00

DOCUMENT # P98000098725

1. Corporation Name

PRIME FINANCIAL & INSURANCE GROUP, INC.

Principal Place of Business

ROYAL PALM TOWERS, III, #5AB  
1600 S DIXIE HIGHWAY  
BOCA RATON FL 33432

Mailing Address

ROYAL PALM TOWERS, III, #5AB  
1600 S DIXIE HIGHWAY  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

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 14000 Military Trail

Suite, Apt. #, etc.

22 104

City & State

23 Delray Beach, FL

Zip

24 33484

Country

25 USA

2a. Mailing Address

26 2841 N. Ocean Blvd.

Suite, Apt. #, etc.

27 2004

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

RANDALL, CHARLES P  
ROYAL PALM TOWERS, III, #5AB  
1600 S DIXIE HIGHWAY  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Poada, Rodrigo

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

715 N. Bel Air Drive

83

84 City

Plantation

FL

85 Zip Code

33317

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

*Rodrigo Poada*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

P Jamison, David J

1.3 STREET ADDRESS

2841 N. Ocean Blvd. #2004

1.4 CITY-ST-ZIP

Fort Lauderdale, FL 33308

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

Bazron, Flavia

2.3 STREET ADDRESS

2841 N. Ocean Blvd. #2004

2.4 CITY-ST-ZIP

Fort Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Rodrigo Poada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 (561) 496-6514  
Date Daytime Phone #

CR2E034 (1/98)

0339092