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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

S16074

(4)

PREMIUM PROPERTIES, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			- 3 10016010 105 11010 01111 00111 1061 0186 01811 01	DII OKUKI EIGII OIDIA OIDII IOOI		
PO BOX 162809 PO BOX 162809						
MIAMI FL 33116-2809	MIAMI FL 33116-2609					
					DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified	SPACE
					11/26/1990	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21	26				NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27					6. Certificate of States Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Cou	intry		Trust Fund Contribution	Added to Fees
24 25	29	30	,		8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Yes No
9. Name and Address of Current		10,51			10. Name and Address of New Registered	
MARTIN, VAN R			81	Name		
12081 SOUTH DIXIE HWY. MIAMI FL 33156		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
12677		83				
			84	City		85 Zip Code
				•	<u>FL</u>	.
 Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	and 607.1508, Florida Statut f Florida: Such change was r	es, the at authorized	oove d by	e-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered ointment as registered
•	ions of, Section 607.0505, Fk	orida Stat	utes	i		
SIGNATURE Signature, typed or printed numer of registered agent	and this if are in able. (MOT	F: Degisterer	1 Ann	nt signature require	d when reinstating) DATE	
12. OFFICERS AND		13.	1100	in bigatata e require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
THILE VSTD	DELETE	1.1 Til	TLE			☐ Change ☐ Addition
WAK HARRIET-MARTIN 12		1.2 NA	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS 12061 SOUTH DIXIE HWY.	MIAMI FL 33156 140					
CITY-ST-ZIP MIAMI FL 33156			TY-SI	T- ŽIP		
TITLE DP	MARTIN, VAN 12681 SOUTH DIXIE HWY. /2677 238		TLE			☐ Change ☐ Addition
MARTIN, VAN			2.2 NAME		1	
			2.3 STREET ADDRESS		!	
CITY-ST-ZIP MIAMI FL 33156	T DECEME	2.4 C		T-ZIP		
THLE	DELETE 31TI 32 No. 3.3 St 3.4.0					☐ Change ☐ Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP				1		
TITLE	DELETE	3.4. U		1-4IF		Change Addition
NAME		4. 2 N				
STREET ADDRESS				ADDRESS		
CITY - ST - ZIP		4.4 Ci				
TITLE	☐ DELETE	5.1 TII				☐ Change ☐ Addition
NAME		5.2 NA	ME			
STREET ADDRESS		5.3 ST	AEET /	ADDRESS		
CITY-ST-ZIP		5.4 CI				
TITLE	☐ DELETE	6.1 10				Change Addition
NAME		6.2 NA	ME			
STREET ADDRESS		6.3 ST	REET A	ADDRESS		
CITY-SI-ZIP		6.4 CI	TY-ST			
\$4 becoby codify that the information reprolled until	this filing door not qualify to	or the eve	mat	ion stated in C	Continue 110 07/2\(ii) Etarida Statutas I further on	stifu that the information

• I nereoy ceruly that the information supplied with this billing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 frustee 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.

SIGNATURE:

Michael