FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:29

DOCUMENT # **S28928** **(7)**

1. Corporation Name
THE PREMIER GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4001 S.W. 4TH STREET MIAMI FL 33134	4001 S.W. 4TH STREET MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 117 MAJORCA AVENUE	26 117 MAJORCA AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

3. Date Incorporated or Qualified: 01/31/1991
3a. Date of Last Report: 11/14/1994
4. FEI Number: 65-0259956 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRATT, JENNY A.
4001 S.W. 4 STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: RAMOS ILEANA
82 Street Address (P.O. Box Number is Not Acceptable): 117 MAJORCA AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33134

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: ILEANA RAMOS PRESIDENT 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PRATT, JENNY A.
STREET ADDRESS	4001 S.W. 4 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	PRATT, JENNY A.
STREET ADDRESS	4001 S.W. 4 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	RAMOS, ILEANA	
1.3 STREET ADDRESS	117 MAJORCA AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33134	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	RAMOS, ILEANA	
2.3 STREET ADDRESS	117 MAJORCA AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33134	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ILEANA RAMOS 2/15/95 (305) 442-8642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0140001 CP