13.75

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 MAY 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 590336

1. Corporation Name

WILSHIRE PREMIUM FINANCE COMPANY

Principal Place of Business	Mailing Address
ONE S.E. THIRD AVE. Suite 1440 MIAMI, FL 33131	ONE S.E. THIRD AVE. Suite 1440 MIAMI, FL 33131

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 5/1/96

2. Principal Place of Business — 21: AS ABOVE; 22: Suite, Apt. #, etc
2a. Mailing Address — 26: AS ABOVE; 27: Suite, Apt. #, etc

4. FEI Number: 65-0295901 ☐ 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

23: City & State; 24: Zip; 25: Country
28: City & State; 29: Zip; 30: Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAHMAN, NASIM A.
ONE S.E. THIRD AVE.
Suite 1440
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HASSAN DAHLAWI, As Trustee		12 NAME	
STREET ADDRESS	ONE S.E. THIRD AVE., Suite 1440		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NASIM A. RAHMAN		22 NAME	
STREET ADDRESS	ONE S.E. THIRD AVE. Suite 1440		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131		24 CITY-ST-ZIP	
TITLE	VTS	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Hugh E. WIEAMAN		32 NAME	
STREET ADDRESS	ONE S.E. THIRD AVE. Suite 1440		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: _____ 5-23-97 (305) 374-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NASIM A. RAHMAN - PRESIDENT