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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09979 1. Corporation Name

PREMA, INC.

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90031 001 ***150.00

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Principal Place	e of Business	Mailing Address					iti Birit Biri Albi Albit gibit	BIBIT BY BY E 18 A)
4950 SOUTHWEST 70TH AVENUE		4950 SOUTHWEST 70TH AVENUE						
DAVIE FL 33314		DAVIE FL 33314				DO NOT WRITE II	N TUIC COACE	
						DO NOT WRITE II 3. Date Incorporated or Qualifed	N THIS SPACE	
	le d'Business	2a. Mailing Addres			.	01/26/1992 4. FEI Number	- ΙΔ	pplied For
 '	lace of Business	—¬	S					ot Applicable
Suite, Apt.	# 222	26 Suite, Apt. #, e	tc			65-0314173	\$8.75	Additional
⊢	#, etc.	27				5. Certifcate of Status Desired		equired
City & State	۵	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr					10. Name and Address of New Regi	stered Agent	
				81	Name			
BLA BLA	TE, MICHAEL			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
4950 SOUTHWEST 70TH AVENUE					Olicei Addie.	00 (1.0. Don (10. Don	, <u>, , , , , , , , , , , , , , , , , , </u>	*
DAV	IE FL 33314					(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
				84	City	The second secon	FI 85 Zip	Code (1) (2)
44 Discourse	to the provisions of Sections 607 (502 and 607 1508. Florida	Statutes the al	bove-	-named corpo	ration submits this statement for the pur	pose of changing its	s registered
office or r	enistered agent or both in the Sta	ite of Florida. Such change	was authorized	I DV (I	he corporation	's board of directors. I hereby accept th	e appointment as r	egistered
i agent. I a	m familiar with, and accept the obl	igations of, Section 607.05	os, Fiorida Stati	utes.				~
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	Agent	signature required	when reinstating)	DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PDS	☐ DEL	ETE 1.1 TO	TLE		MC 193141196	☐ Change	☐ Addition
NAME	BLATE, MICHAEL							
STREET ADDRESS	40-0 0141 -0711 415		1.2 NA	ME				
	4900 3W /UIT AVE				ADDRESS			_ ,
CITY-ST-ZIP	l .		1.3 ST		1			
CITY-ST-ZIP TITLE	DAVIE FL	☐ DEL	1.3 ST 1.4 CF	REET /	1		☐ Change	☐ Addition
	l .	□ DEL	1.3 ST 1.4 CF	TY-ST- TLE	1		☐ Change	
TITLE	l .	□ DEL	1.3 ST 1.4 CT ETE 2.1 TIT 2.2 NA	TY-ST- TLE AME	1		☐ Change	
TITLE NAME	l .	□ DEL	1.3 ST 1.4 CF ETE 2.1 TH 2.2 NA 2.3 ST	TY-ST- TLE AME	-ZIP .			Addition
TITLE NAME STREET ADDRESS	l .	□ DEL	1.3 ST 1.4 CT ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CC	TY-ST- TLE AME TREET	-ZIP .		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l .		1.3 ST 1.4 CT ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CC	TY-ST- TLE AME TREET / ITY-ST TLE	-ZIP .			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAVIE FL		1.3 ST 1.4 CT 2.1 TH 2.2 NA 2.3 ST 2.4 CT 3.1 TH 3.2 NA 3.3 TT 3.2 NA 3.3 NA 3.	TY-ST- TLE AME TREET / ITY-ST TLE AME	-ZIP .			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	l .		1.3 ST 1.4 CT ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CT ETE 3.1 TI 3.2 NA 3.3 ST	TY-ST- TLE AME TREET / ITY-ST TLE AME	-ZIP ADDRESS 1-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAVIE FL		1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC ETE 3.1 TT 3.2 NA 3.3 ST 3.4 CC	TREET / TY-ST- TLE TREET / TLE TLE TREET / TLE TREET / TLE TREET /	-ZIP ADDRESS 1-ZIP ADDRESS		☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not gradify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental annual report is under 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;

FFICER OR DIRECTOR