

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

DOCUMENT # V46596

1. Corporation Name

PREMIUM MORTGAGE & INVESTMENTS INC.

Principal Place of Business

351 MINORCA AVE.
SUITE D
MIAMI FL 33134
US

Mailing Address

351 MINORCA AVE.
SUITE D
MIAMI FL 33134
US

2. Principal Place of Business

21 301 ALMERIA

2a. Mailing Address

26 301 ALMERIA

Suite, Apt. #, etc.

22 SUITE 260

Suite, Apt. #, etc.

27 SUITE 260

City & State

23 CORAL GABLES FL

City & State

28 CORAL GABLES FL

Zip

24 33134

Country

25 MIAMI-DADE

Zip

29 33134

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

VALDES, VIRGINIA

~~2610 SW 99 AVE~~

~~MIAMI FL 33165~~

400 TENDILLA AVENUE

CORAL GABLES, FL 33134

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

65-0343775

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

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

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 ☐ DELETE
NAME VALDES, MIGUEL A.
STREET ADDRESS ~~2610 SW 99 AVE~~ 900 TENDILLA AVE
CITY-ST-ZIP ~~MIAMI FL~~ CORAL GABLES FL

TITLE S ☐ DELETE
NAME VALDES, VIRGINIA
STREET ADDRESS ~~2610 SW 99 AVE~~ 900 TENDILLA AVE
CITY-ST-ZIP ~~MIAMI FL~~ CORAL GABLES FL

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90100 035 ***150.00



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