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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69995 (1)

1. Corporation Name
CONTINENTAL PREMIUM FINANCE CORP.

Principal Place of Business	Mailing Address
~~385 ALHAMBRA CIR~~ 2600 SW 3RD AVE ~~CORAL GABLES FL 33134~~ MIAMI, FL 33129 ~~US~~	~~385 ALHAMBRA CIR~~ P.O. BOX 694340 ~~CORAL GABLES FL 33134~~ NORTH MIAMI FL 33269 ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2600 SW. 3RD AVE	26 P.O. BOX 693760
Suite, Apt. #, etc. 22 STE.#710	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33129 / 25	Zip / Country 29 33269-0760 / 30

4. FEI Number: 65-0363536 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FERNANDEZ, MANUEL J.~~
~~385 ALHAMBRA CIR~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Lewis R. Cohen
82 Street Address (P.O. Box Number is Not Acceptable): 1399 S.W. 1st Ave
83 United National Bank Building
84 City: Miami, FL 85 Zip Code: 33130

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: Lewis R. Cohen 4-28-95
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PT~~	11 TITLE	☐ Change ☐ Addition
NAME	~~FERNANDEZ, MANUEL J.~~	12 NAME	
STREET ADDRESS	~~811 NW 27TH AVE.~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	
TITLE	P/D	21 TITLE	☐ Change ☐ Addition
NAME	PAUL FRAYND	22 NAME	
STREET ADDRESS	2600 SW 3ED AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	SAUL FRAYND	32 NAME	
STREET ADDRESS	2600 SW 3ED AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	34 CITY-ST-ZIP	
TITLE	VP/D	41 TITLE	☐ Change ☐ Addition
NAME	JORGE MESA	42 NAME	
STREET ADDRESS	2600 SW 3RD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 added to the report with an address.

SIGNATURE: Paul Frayne, President 4/15/95 (305)945-9200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0137980 CP