


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F96000002846 (1)**  
 1. Corporation Name  
**PREFERRED HAWAIIAN, INC.**



Principal Place of Business: **6900 E 2ND ST SCOTTSDALE AZ 85251**  
 Mailing Address: **6900 E 2ND ST SCOTTSDALE AZ 85251-5305**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1996</b>	3a. Date of Last Report <b>N/A</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR 93-1209218</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	<b>FL</b>	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	<b>DC</b>	1.1 TITLE	<b>DC AND DP</b>
NAME	<b>KAULIUS, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	
NAME	<b>ORENSTEIN, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	3.1 TITLE	<b>VS</b>
NAME	<b>WRIGHT, CHARLES A</b>	3.2 NAME	<b>CAROL RICHARDS</b>
STREET ADDRESS	<b>6900 E 2ND ST</b>	3.3 STREET ADDRESS	<b>6900 E. 2ND ST.</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	3.4 CITY-ST-ZIP	<b>SCOTTSDALE, AZ 85251</b>
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>POER, PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<b>S</b>
NAME	<b>GREENE, MORLEY</b>	5.2 NAME	<b>CLIFF S. MARSH</b>
STREET ADDRESS	<b>700 E GEORGIA ST #2910</b>	5.3 STREET ADDRESS	<b>6900 E. 2ND ST.</b>
CITY-ST-ZIP	<b>VANCOUVER BC CANADA V7X 1B6</b>	5.4 CITY-ST-ZIP	<b>SCOTTSDALE, AZ 85251</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 of Chapter 607, Florida Statutes, or on an attachment with an address.

SIGNATURE: *Cliff S. Marsh* **CLIFF S. MARSH SECRETARY 4/28/97 (602) 874-0706**

CR2E034 (9/96)