File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 60 MER 29 PE 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** M96000000217 PREFERRED PACKAGING PRODUCTS, LIMITED COMP 1a. Principal Place of Business Address ANY 254 BRYAN ROAD, BLDG. 100 254 BRYAN ROAD, BLDG. 100 DANIA FL 33004 DANIA FL 33004 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation JAME. 06/21/1996 OH Suite, Apt. #, etc 4. FEI Number Applied For City & State 34-1804185 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 04/13/1998 7. Name and Address of Current Registered Agent Name and Address of New Registered Agent/Office NOVAK, HENRY 254 BRYAN RD., BLDG. 100 Street Address (P.O. Box Number is Not Acceptable) DANIA FL 33004 Suite, Apt #, etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608,508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office of registered agent, or poth, in the State of Florida. Such change was authorized by affirmative vote of a majority of the mombers. I hereby accept the appointment as registered ad SIGNATURE ent) (NOTE Registered Agent signature required when revisiting 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM KUBEC, PHILLIP W 254 BRYAN RD., BLDG. 100 DANIA FL MGRM KUBEC, MELISSA 254 BRYAN RD., BLDG. 100 DANIA FL **MGR** NOVAK, HENRY 254 BRYAN RD., BLVG. 100 DANIA FL MGR PREVATKE, FRANK 254 BRYAN ROAD, BLDG. 100 DANIA FL 900002833119---B -04/08/99--01050--012 ****188.75 ****188.79 11. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3) (1), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the respiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

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SKSNATURE AND INPERIOR FRINTED NAME OF SIGNIPES MANACITIC MEMBERFOR MANACITE

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