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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9300007846 (7) DOCUMENT #

BUYER'S PREFERRED, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address					1 100 100 110 19100 11111	MANEL SALLI ENIN	1 06 491 9 0111 91	ABBI (BIII BEBE	
18 WINDWARD Palm Beach	OISLES Gardens FL 33418		16 WINDWARD ISLES Palm Beach Gardens FL 33418-8042								
							3. Date Incorporated c	r Qualified	3a. Dat	le of Last R	eporl
							02/01/1993		05/0)1/1996	
	lace of Business	2a, Mailing Addre	ss				4. FEI Number			Ar	oplied For
21 16 WINDWARD 5/P 26				65-038			65-0385904				ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			et¢.			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State City & State							6. Election Campaign	Financina		\$5.00	<u> </u>
23 28							Trust Fund Contribu			Added 1	
Zig	(10 - 99 y Rel	Ζφ					8. This corporation has				. 199.032,
24 334	18 26 /8/N/ DU	29	30				Florida Statutes		Yes 🗌		
	9. Name and Address of Curre	nt Hegistered Agent		81	Name		0. Name and Address	of New Her	Jistered A	gent	
	ELMAN, MARTIN R.					·					
18 WINDWARD ISLES PALM BEACH GARDENS FL 33418				82	Stree	t Address	dress (P.O. Box Number is Not Acceptable)				
r AL	IN DENOTI CAMPENO IL USTID			83						·······	
				84	City					let Zin	Code
_									FL		
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 607.1508, Florida of Florida	a Statutes, the	abov	e-name	d corporat	ion submits this statem	ent for the p	urpose of	changing it	s registered
agent. I a	m familiar with, and accept the oblig	gations of Section 607.0	505, Florida St	atute	S.	poratione	5 550. 6 51 61 60 60 61 61	icross accep	tine appo	antinon, as	registered
SIGNATURE	Name I and a will of account of the		Alexander de la company								
12.	Signature, typed or printed name of registered ag OFFICERS AN	OD DIRECTORS	(NOTE: Registe		on; signati.	re required wh	ADDITIONS/CHANGE	S TO OFFIC	DATE FRS AND	DIRECTOR	8S IN 12
TITLE	DP	DEL		TITLE		1	7,0077101107011111111111111111111111111	0100110	·	Change	Addition
NAME	EDELMAN, MARTIN R		1.2	NAME							
STREET ADORESS	16 WINDWARD ISLES		1.3	STREET	ADDRESS	,					
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY-S	3T - 7IP			1			
TITLE		☐ OEL		INLE		}			' l	Change	Addition
NAME				NAME							İ
STREET ADDRESS					ADDRESS	•					İ
CITY-ST-ZIP TITLE		DEL		CHY-:	ST-ZIP	 			 1	Change	Addition
NAME		<u></u>	•	NAME						Onunge	
STREET ADDRESS					ADDRESS	;					
CITY-ST-ZIP					S1 - 71P						
TIFLE		. DEL		TITLE		1				Change	Addition
NAME			4.2	NAME							
STREET ADDRESS			43	STHEET	ADDRESS	i					
CITY-ST-ZIP				CITY - S	ST - ZIP						<u> </u>
TIFLE		□ D£L		1 ITLE					ļ	Change	Addition
NAME	1 (A)			NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DEL		CITY-S	ST-ZIP					Change	☐ Addition
TITLE NAME		- DCI		TITLE					ı	change	L Madition
STREET ADDRESS				NAME STREET	ADDRESS	.					

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, Plorida Statutes; and that my name appears in Block 12 or Block 12 or Block 20 if changed, or on an anjach one) with an address.