FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000050677 (2)**

1. Corporation Name
PREFERRED CLAIMS SERVICES, INC.

Principal Place of Business
1230 SW 85 TERR
PEMBROKE PINES FL 33025
US

Mailing Address
1689 NORTH HIATUS ROAD
SUITE 214
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: **07/20/1993**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business
21 1230 Sw 85 Terr
Suite, Apt. #, etc.
22
City, & State
23 Pembroke Pines, Fl
Zip 24 33025 Country 25 US

2a. Mailing Address
26 1689 N Hiatus Rd
Suite, Apt. #, etc.
27 Suite 214
City & State
28 Pembroke Pines, Fl
Zip 29 33026 Country 30 US

4. FEI Number: **65-0428664** 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 s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
HERNANDEZ, ANTHONY
1230 S.W. 85TH TERRACE
PEMBROKE PINES FL 33025

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: Anthony J Hernandez — Anthony Hernandez — DATE: 1-30-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HERNANDEZ, ANTHONY J	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	☐ DELETE
NAME	HERNANDEZ, TERI L	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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 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)(k), 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.

SIGNATURE: Teri Hernandez — 1-30-96 — 305-431-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)