

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 002 ***150.00

DOCUMENT # P93000050677

1. Corporation Name

Preferred Claims Suc, Inc

Principal Place of Business

Mailing Address

1230 SW 85 Terr
Pemb Pines, FL
33025

1689 N Hiatus Rd #214
Pemb Pines, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

July 20, 1993

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1230 SW 85 Terr

Suite, Apt. #, etc.

22 City & State
Pemb Pines FL

24 Zip 33025 25 Country Broward FL

2a. Mailing Address

26 1689 N Hiatus Rd

Suite, Apt. #, etc.

27 City & State
Pembroke Pines, FL

28 Zip 33026 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Anthony J Hernandez
1230 SW 85 Terr
Pemb. Pines, FL 33025

81 Name

NONE

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*

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Anthony Hernandez
STREET ADDRESS 1230 SW 85 Terr
CITY-ST-ZIP Pemb Pines, FL 33025

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V-Pres. ☐ DELETE
NAME Teri Hernandez
STREET ADDRESS 1230 SW 85 Terr
CITY-ST-ZIP Pemb Pines, FL 33025

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE
NAME Teri Hernandez
STREET ADDRESS 1230 SW 85 Terr
CITY-ST-ZIP Pemb Pines, FL 33025

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME Anthony Hernandez
STREET ADDRESS 1230 SW 85 Terr
CITY-ST-ZIP Pemb Pines, FL 33025

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teri Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 954-450-8489

CR2E034 (1/98)