

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90018 023 ***150.00

'2000' UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000051694			
1. Entity Name Pref Financial Corporation			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 966 East Coast Road		3. Mailing Address 966 East Coast Road	
Suite, Apt. #, etc. 22 Browns Bay		26 Suite, Apt. #, etc. Browns Bay	
City & State 23 Auckland FL		27 City & State Auckland FL	
Zip 24 1310		County 25 New Zealand	
28 Zip 1310		County New Zealand	
4. FEI Number 65-0504396		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Corporate Creations Enterprises Inc. 941 Fourth Street #200 Miami Beach, FL 33139		81 Corporate Creations Enterprises Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200 83 84 Miami FL 33139	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE <i>T.A. Hardy Vice President</i> 4/28/00 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May be added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME Pavlov, Oleg STREET ADDRESS 966 East Coast Road, Browns Bay CITY-ST-ZIP Auckland, NZ 1310 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D NAME Natalia Pavlova STREET ADDRESS 17038 W. Dixie Hwy. #206 CITY-ST-ZIP N. Miami Beach, FL 33160 <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
13. 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 11 or Block 12, or on attachment with an address.			
SIGNATURE <i>Natalia Pavlova</i>		Natalia Pavlova Director by T.A. Hardy as attorney-in-fact 4/28/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	