
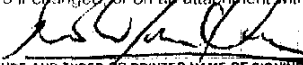


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|---------------------|---|---|
| DOCUMENT # P94000061418 (7) | | | |
| 1. Corporation Name BUSINESS PREFERRED MANAGEMENT, INC. | | | |
| Principal Place of Business 28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130 | | Mailing Address 28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130-1894 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | | 29 | |
| 9. Name and Address of Current Registered Agent OLIVEIRA, ROBERTO L 13205 SW 95TH AVE SUITE 709 MIAMI FL 33131 | | 10. Name and Address of New Registered Agent | |
| | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) 3159 MARY STREET |
| | | 83 | |
| | | 84 | City |
| | | 85 | Zip Code FL 33134 |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | NAME | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | STREET ADDRESS | 1.1 TITLE | |
| CITY- ST- ZIP | | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY- ST- ZIP | |
| TITLE | NAME | 2.1 TITLE | |
| NAME | STREET ADDRESS | 2.2 NAME | |
| CITY- ST- ZIP | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY- ST- ZIP | |
| TITLE | NAME | 3.1 TITLE | |
| NAME | STREET ADDRESS | 3.2 NAME | |
| CITY- ST- ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY- ST- ZIP | |
| TITLE | NAME | 4.1 TITLE | |
| NAME | STREET ADDRESS | 4.2 NAME | |
| CITY- ST- ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY- ST- ZIP | |
| TITLE | NAME | 5.1 TITLE | |
| NAME | STREET ADDRESS | 5.2 NAME | |
| CITY- ST- ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY- ST- ZIP | |
| TITLE | NAME | 6.1 TITLE | |
| NAME | STREET ADDRESS | 6.2 NAME | |
| CITY- ST- ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY- ST- ZIP | |
| 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE:  ROBERTO L. OLIVEIRA 04/21/97 (305) 373-4640 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CR2E034 (9/96)