FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90187 041 ***150.00

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

DOCUMENT # P9400061418

1. Corporation Name

BUSINESS PREFERRED MANAGEMENT, INC.

Principal Plac	e of Business	Mailing Address		. I fallishet sin idtil binnt mates abest annte mate.	E 41141 11811 61881 111	
28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130		28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	S SPACE	
				08/19/1994		
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21	100 07 20011000	26		65-0616733	1334	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Requ	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 M	lav Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip 30	Country	This corporation owes the current year In Personal Property Tax.		□No
	9. Name and Address of Curren			10. Name and Address of New Registered	l Agent	
		<u>-</u>	81 Name			
OLIVEIRA, ROBERTO L 3159 MARY ST			82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 709			83		- v.·	
MIA	MI FL 33131		04 6:4:		85 Zip Co	ode
			84 City	FI	85 Zip Co	ode .
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was autho	inzed by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	if changing its re pintment as regi	egistered istered
office or	registered agent, or both, in the State and familiar with, and accept the obligation	of Florida. Such change was autho tions of, Section 607.0505, Florida	orized by the corporat Statutes.	non's board of directors. I nereby accept the appu	of changing its re pintment as regi	egistered istered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent	of Florida. Such change was autho tions of, Section 607.0505, Florida	inzed by the corporat	non's board of directors. I nereby accept the appu	omment as regi	stereu
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent	of Florida. Such change was authotions of, Section 607.0505, Florida It and title if applicable. (NOTE: Regi	statutes.	red when reinstating) DATE	omment as regi	stereu
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state of registered agen. OFFICERS AN	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regilia DIRECTORS	Interest by the corporate Statutes. Interest Agent signature requirements.	red when reinstating) DATE	ND DIRECTOR	RS IN 12
office or lagent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AN VD DOS SANTOS, ALEXANDRE F.	of Florida. Such change was authotions of, Section 607.0505, Florida It and title if applicable. (NOTE Regiliable DIRECTORS	standed by the corporat Statutes. stered Agent signature requir 13. 1.1 TITLE	red when reinstating) DATE	ND DIRECTOR	RS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN VD DOS SANTOS, ALEXANDRE F.	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regulation of the property of the prope	instered Agent signature requirements. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	red when reinstating) DATE	ND DIRECTOR	S IN 12
office or in agent. I	registered agent, or both, in the State am familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN VD DOS SANTOS, ALEXANDRE F. AV BRIG LUIS ANTONIO, 2366	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regulation of the property of the prope	integrated by the corporat Statutes. started Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTOR	RS IN 12
office or in agent. I	registered agent, or both, in the State am familiar with, and accept the obligated of signature, typed or printed name of registered agents of the state of the s	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE: Regi ID DIRECTORS DELETE DELETE	instered Agent signature requirements. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	red when reinstating) DATE	ND DIRECTOR	S IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligated of printed name of registered agents of FICERS AN VO DOS SANTOS, ALEXANDRE F. AV BRIG LUIS ANTONIO, 2366 SAD PAULO SP BR PD DE OLIVEIRA, ROBERTO L. 3159 MARY STREET	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if soplicable. (NOTE: Regi ID DIRECTORS DELETE DELETE	started by the corporat Statutes. started Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	ND DIRECTOR	S IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligated of printed name of registered agents of FICERS AN VO DOS SANTOS, ALEXANDRE F. AV BRIG LUIS ANTONIO, 2366 SAD PAULO SP BR PD DE OLIVEIRA, ROBERTO L.	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if sopiicable. (NOTE: Regi ID DIRECTORS DELETE DELETE	started Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) DATE	ND DIRECTOR Change	SS IN 12 Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or fa	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if spolicable. (NOTE Regi DD DIRECTORS DELETE DELETE DELETE	startes. stered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) DATE	ND DIRECTOR	S IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with accept the obligation of familiar w	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regi DD DIRECTORS DELETE DELETE DELETE	startes. stered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) DATE	ND DIRECTOR Change	SS IN 12 Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State and familiar with, and accept the obligate of signature, typed or printed name of registered agent OFFICERS AN VD DOS SANTOS, ALEXANDRE F. AV BRIG LUIS ANTONIO, 2366 SAD PAULO SP BR PD DE OLIVEIRA, ROBERTO L. 3159 MARY STREET MIAMI FL D DE OLIVEIRA, ERNANDES E R MOLIERE 224	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE: Regi DD DIRECTORS DELETE DELETE DELETE DELETE	startes. stered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTOR Change	SS IN 12 Addition
office or agent. I a signature 12. Title Name STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State and familiar with, and accept the obligate of several points of the obligation o	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regi D DIRECTORS DELETE DELETE DELETE	startes. starting Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating) DATE	ND DIRECTOR Change Change	SIN 12 Addition Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State and familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with accept the obligation of familiar	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE DELETE	startes. stered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) DATE	ND DIRECTOR Change	SS IN 12 Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State and familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and of familiar with, and familiar with accept the oblive of familiar with a support of familiar with, and accept the obligation of familiar with a support of familiar with a s	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE DELETE	stored Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating) DATE	ND DIRECTOR Change Change	SIN 12 Addition Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State and familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with, and pauliar with, and accept the obligation of familiar with a supplication of famili	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE: Regi D DIRECTORS DELETE DELETE DELETE DELETE	startes. stered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTOR Change Change	SIN 12 Addition Addition
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State and familiar with, and accept the obligate of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and of familiar with, and familiar with accept the oblive of familiar with a support of familiar with, and accept the obligation of familiar with a support of familiar with a s	of Florida. Such change was authotions of, Section 607.0505, Florida at and title if applicable. (NOTE Regi D DIRECTORS DELETE DELETE DELETE	stored Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating) DATE	ND DIRECTOR Change Change	SIN 12 Addition Addition

CITY-ST-ZIP 14. 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.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: __

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition