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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:

CITY - \$1 - ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000064521 (4)

PREFERRED CONSULTANTS, INC.

Principal Place of Business Mailing Address 7356 SW 31 ST 7356 SW 31 ST MIAMI FL 33155-2758 MIAMI FL 33155 3. Date Incorporated or Qualified 08/21/1995 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For PO BOX Suite, Apt. #, etc. 65-0609042 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 03755-9 Yes 🗹 No Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LABRADOR, ALBERT 7356 SW 31 ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33155** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE LABRADOR, ALBERT 12 NAME NAME 7356 SW 31ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-2IP 2.4 CiTY-ST-ZiP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-70 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CHY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY+ST-ZIP CHTY-ST-ZIE Change Addition TITLE ☐ DELETE 6.1 TITLE

6.2 NAME

14. I do nereby 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

ME OF BIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

76/57 C305)665833

**FILED** 

Feb 11 1997 8:00am

Secretary of State