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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000044089 (5) DOCUMENT

PERSONAL PREFERENCE PARTNERSHIP INC.

Principal Place of Business

AND THE PROPERTY OF THE PROPER

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



| 407 LINCOLN RD SUITE 5-8 MIAMI BEACH FL 33139 | | 407 LINCOLN RD SUITE 5-8 MIAMI BEACH FL 33139 | | | DO NOT WRITE IN THIS | S SPACE |
|--|---|---|--|---|--|--|
| | | | | | 3. Date incorporated or Qualified | |
| | | | | | 05/19/1997 | |
| 2. Principal Pia | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0758115 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | b. Certificate of Statos Desired | Fee Required |
| City & State | _ | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid the c | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | ¥ Yes |
| | 9. Name and Address of Curr | ent Hegistered Agent | 8. | 1 Name | 10. Name and Address of New Registered | a Agent |
| | FO, LUIS G | | ١٥ | Naille | | |
| 407 LINCOLN RD SUITE 5-B | | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAI | MI BEACH FL 33139 | | 8 | 2 | | |
| | | | 8 | 1 | | |
| | | | 84 | 4 City | | 85 Zip Code |
| | | F00 - 1007 7 70 F1 11 5 | | <u></u> | F | |
| office or re | o the provisions of Sections 607.05 gistered agent, or both, in the Sta | ouz and buz.1508, Florida S ate of Herida. Such change i | itatutes, the abov was authorized b | ve-named cor by the corpora | poration submits this statement for the purpose ation's board of directors. I hereby accept the ap- | or changing its registered opointment as registered |
| agent. I am | n familiar with, and accept the obl | ligations of, Section 607.050 | Florida Statute | es. | , , , | , |
| SIGNATURE | | | | | | |
| | Signature, typed or profed name of registered a OFFICE DS A | AND DIRECTORS | (NOTE: Registered A | geni signature requ | ADDITIONS/CHANGES TO OFFICERS AN | ID DIDECTORS IN 19 |
| 12. | PSTV | DELETE | | . | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | CASABO, ENRIQUE | | 1.2 NAME | | | |
| STREET ADDRESS | 218 SW 103 AVE | | | ET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33174 | | 1.4 CiTY- | | | |
| TITLE | D | DELETE | | | | Change Addition |
| NAME | CASABO, ENRIQUE | | 2.2 NAME | | | |
| STREET ADDRESS | 218 SW 103 AVE | | | ET ADDRESS | | |
| | MIAMI FL 33174 | | 2.4 CITY | | | |
| CITY-ST-ZIP TITLE | THE WILL LAND TO THE TANK THE TEND THE | DELETE | | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY | | | |
| TITLE | | DELETE | | | | Change Addition |
| NAME | | | 4. 2 NAM | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- | 1 | | |
| TITLE | | DELETE | | | | Change Addition |
| NAME | per . | | 5.2 NAME | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | i | | 5.4 CITY- | | | |
| TITLE | | DELETE | | | - | Change Addition |
| NAME | | | 6.2 NAME | į | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY | | | |
| | | | | | | |

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.