SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SR 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TE: $750).

APPROVED AND FILED

98 NOV 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0045160

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B.
Secretary
DIVISION OF CORPS

DOCUMENT # P97000098305 (0)

1. Corporation Name

PREFERRED MANAGEMENT SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
8299 CORAL WAY MIAMI FL 33155	8299 CORAL WAY MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1997

4. FEI Number: 65-0872222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 30

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the 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 Sts.

SIGNATURE _____ DATE 9/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD ☐ DELETE	1.1 T
NAME	GONZALEZ-PORTUONDO , FRANCINE	1.2 N
STREET ADDRESS	8299 CORAL WAY	1.3 ST ADDRESS
CITY-ST-ZIP	MIAMI FL 33155	1.4 CT-ZIP ☐ Change ☐ Addition
TITLE	☐ DELETE	2.1 T
NAME		2.2 N
STREET ADDRESS		2.3 ST ADDRESS
CITY-ST-ZIP		2.4 CT-ZIP ☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TI
NAME		3.2 NA
STREET ADDRESS		3.3 STT ADDRESS
CITY-ST-ZIP		3.4 CIT-ZIP ☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TIT
NAME		4.2 NA
STREET ADDRESS		4.3 STET ADDRESS
CITY-ST-ZIP		4.4 CITT-ZIP ☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITI
NAME		5.2 NAI
STREET ADDRESS		5.3 STRET ADDRESS
CITY-ST-ZIP		5.4 CITST-ZIP ☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITL
NAME		6.2 NAM
STREET ADDRESS		6.3 STRET ADDRESS
CITY-ST-ZIP		6.4 CITYST-ZIP ☐ Change ☐ Addition

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****550.00 ****550.00

11-13-98

CR2E034 (5/98)

14. I 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: _____ 9/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #