


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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 594660 1. Corporation Name PREFERENTIAL INVESTMENTS, INC.			
Principal Place of Business 555 NE 15 STREET # 10E MIAMI FL 33132		Mailing Address SAME	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2b. Mailing Address 26 555 NE 10 STREET 27 Suite, Apt. #, etc. 28 # 10E 29 City & State 30 MIAMI FL 31 Zip 32 33132 33 Country 34 USA	
3. Date Incorporated or Qualified 11/18/91		4. FEI Number 65-0300958	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent JON RICARDI 555 NE 15 STREET # 10E MIAMI FL 33132		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP JON RICARDI PRESIDENT 555 NE 15 STREET # 10E MIAMI FL 33132		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP	
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP	
15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP		15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP	
16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP		16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP	
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: _____		3/6/98 (305) 379-6767	

CR2E034 (10/97)