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 #

Corporation Name

527201

WAREHOUSE
WHSE. DIVISION OF WORLD TERMINAL DIST

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90073 018 ***150.00

WHIE. DIVISION OF WORLD TERMI	Conto			
Principal Place of Business Mailing Address	•			
,	•		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed		
		1973		
2. Principal Place of Business / 2a. Mailing Address		4. FEI Number	Applied For	_
21 6998 NW 25 JF 26		1 59-1760190	Not Applicabl	le
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22 19 17 10 10 35 10 27			Fee Required	
City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
23 M / M (Country	Trust Fund Contribution_	Added.to_Fees	==
24 33 122 25 1 4 4 29 30	¬ ´	This corporation owes the current year Intelligence Personal Property Tax.	angible □Yes □No	
9. Name and Address of Current Registered Agent	<u> </u>	10. Name and Address of New Registered		_
0	81 Name			
Diaz LAZALO IL				
780 NOW. 42 NDAUE OCC 621 MIAMI PL. 33126	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
1 - 1 - 1 - 1	83			
MIAMI PZ. 33126	84 City		85 Zip Code	
•		F <u>L</u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth	the above-named corpo	pration submits this statement for the purpose of	changing its registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.	it's board of directors. I hereby accept the appoin	milent as registered	
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required			<u> </u>
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		€
TIME MARTINEZ ENTLIGUE DELETE	1.1 TITLE		☐ Change ☐ Additi	S S S S CR2E034 (11/98)
NAME PURE PLACES	1.2 NAME			034
STREET ADDRESS 0340.	1.3 STREET ADDRESS			ZE
CITY-ST-ZIP MINTH 105 105 10 35014	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	K
NAME GAZITUA RALP SECRETARI	2.1 TITLE		☐ Clarige ☐ Addition	
1 Jean NO 94 A-VE	22 NAME			Ì
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP MIMPU IC 77100	2.4 CITY-ST-ZIP		☐ Change ☐ Additi	
TITLE DELETE	3.1 TITLE		Addin	UII
NAME	32 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	00
	4.1 TITLE			"
NAME	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE DELETE	4.4 CITY-ST-ZIP	····	☐ Change ☐ Addition	
	5.1 TITLE 5.2 NAME			
NAME	5.3 STREET ADDRESS			
STREET ADDRESS	5.4 CITY-ST-ZIP			
CITY-ST-ZIP DELETE	6.1 TITLE		☐ Change ☐ Addition	
	6.2 NAME		L'ourige L'addité	
NAME	6.3 STREET ADDRESS	•		
STREET ADDRESS	6.4 CITY-ST-ZIP			
CJTY-ST-ZIP	0.7 CH 1-31-ZIF			- 1

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 op an accuracy with an address, with all other filke empowered.

THEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-7-99 305-592-9922 Date Phone #