

527201

Annual Report
Filed 2-15-94

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
WAREHOUSE DIVISION OF WORLD TERMINAL AND DISTRIBUTING CORPORATION
DOCUMENT # 527201 (8)

Mailing Address
6998 N W 25 STREET
P O BOX 522631
MIAMI FL 33152
Principal Place of Business
6998 N W 25 STREET
P O BOX 522631
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

3. Date Incorporated or Qualified 03/08/1977
3a. Date of Last Report 04/22/1993
4. FEI Number 59-1760190
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit Exempt from \$188.76 Supplemental Fee
\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
1000 S.E. 1ST NAT'L BANK BLDG.
MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 817.0502 and 817.1508, 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 307.0505 or 817.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	D	1.1 TITLE	
12.2 NAME	GAZTUA, L. R.	1.2 NAME	
12.3 STREET ADDRESS	2333 BRICKELL AVE.	1.3 STREET ADDRESS	
12.4 CITY - ST. - ZIP	MIAMI FL	1.4 CITY - ST. - ZIP	
21.1 TITLE	D	2.1 TITLE	
21.2 NAME	GAZTUA, RALPH L.	2.2 NAME	
21.3 STREET ADDRESS	13600 S.W. 103RD PLACE	2.3 STREET ADDRESS	
21.4 CITY - ST. - ZIP	SOUTH MIAMI FL	2.4 CITY - ST. - ZIP	
31.1 TITLE	D	3.1 TITLE	
31.2 NAME	GAZTUA, JOHN L.	3.2 NAME	
31.3 STREET ADDRESS	7820 S.W. 51ST AVE.	3.3 STREET ADDRESS	
31.4 CITY - ST. - ZIP	MIAMI FL	3.4 CITY - ST. - ZIP	
41.1 TITLE	P/D	4.1 TITLE	
41.2 NAME	MARTINEZ, ENRIQUE	4.2 NAME	
41.3 STREET ADDRESS	6340 PENT PLACE	4.3 STREET ADDRESS	
41.4 CITY - ST. - ZIP	MIAMI LAKE FL	4.4 CITY - ST. - ZIP	
51.1 TITLE	D	5.1 TITLE	
51.2 NAME	PRATS, RAMON	5.2 NAME	
51.3 STREET ADDRESS	3010 S.W. 108TH COURT	5.3 STREET ADDRESS	
51.4 CITY - ST. - ZIP	MIAMI FL	5.4 CITY - ST. - ZIP	
61.1 TITLE		6.1 TITLE	
61.2 NAME		6.2 NAME	
61.3 STREET ADDRESS		6.3 STREET ADDRESS	
61.4 CITY - ST. - ZIP		6.4 CITY - ST. - ZIP	

NOTE: NOT A DIRECTOR ANY MORE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Enrique Martinez* President 2-2-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #