## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 13 AM 10: 09

1. Name of Limited Partnership

DOCUMENT #

|                          | A29735 |   |
|--------------------------|--------|---|
| CONCORDE WAREHOUSES, LTD | ),     | ] |

| Mailing Address C/O BARMAX INVESTMENTS. INC. 5582 N.W. 79TH AVENUE MAMI FL 33168  28. Mailing Address C/O BARMAX INVESTMENTS. INC. 5582 N.W. 79TH AVENUE MAMI FL 33168  38. Date of Last Report 09/22/1995 4. State or Country of Formation FL  Sulte, Apt. #, etc.  5. FEI Number 65-0162501  7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 88. Make check payable to. Dept. of State (See revortee side for the information)  9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 8IGARS, L. JANA, ESQ. 2801 S. BAYSHORE DRIVE MIAMI FL 33133  Name 10. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statuse, the above-named knilled partnership organized or registered under the laws of the State of Fordia, submits its statement for the purpose of changing is segistered Objector or segistered Agent. The State of Fordia. Such change was suffortzed by its general partner(s). Thereby accept the appointment of registered Agent and segist and object to both, in the State of Fordia. Such change was suffortzed by its general partner(s). Thereby accept the appointment of registered Agent accept the objections of sections 620.192. Florida Statuse.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11b. City, State 8 Zip Code  11c. Begistration  11b. City, State 8 Zip Code  11c. Begistration  |  |   |                                |                           |      |  |                            |                               |
|--|--|---|--------------------------------|---------------------------|------|--|----------------------------|-------------------------------|
| 38. Date of Last Report 09/22/1995 5b. Amount of Capital Contributors in FLORIDA to date  2. Mailing Address 28. Principal Office Address 5tle, Apt. #, etc. 5tle, Apt. #, etc. 5tle, Apt. #, etc. 6. FEI Number 65-0162501 7. Certificate of Status Desired 8. Make check payable to Dept of State (See reverse side for fee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  SIGARS, L. JANA, ESQ. 2801 S. BAYSHORE DRIVE MIAMI FL 33133  10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named kinited partnership organized or registered under the laws of the State of Forida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. or both, in the State of Forida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. The Partnership organized or registered under the laws of the State of Forida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am femiliar with, and accept the obligations of section 620.192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE.  11b. Additional Training of the State of Registration of the Registration of the State of Registration of the Registration of the State of Registration of the Registration of the Registration of the State of Registration of the Registra | C/O BARMAX INVESTMENTS. INC.   |   | C/O BARMAX INVESTMENTS, INC.   |                           |      | 03/01/1990                                   |                            |                               |
| 2. Mailing Address  28. Principal Office Address  28. Principal Office Address  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Registered Agent  10. If changed, new Registered Agent/Office  SIGARS, L. JANA, ESQ. 2801 S. BAYSHORE DRIVE  MIAMI FL 33133  Street Address (P.O. Box Number is Not Acception Unit 1 3 4 8 4 7 7 9 11 13 - 0.21  ***********************************   |  |   |                                |                           |      |  | 5h Amerika Castal          |                               |
| 2. Mailling Address  2. Mailling Address  2. Mailling Address  2. Mailling Address  2. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  5. FEI Number 65-0162501  Applied For Not Applicable  7. Certificate of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  SIGARS, L. JANA, ESQ.  2801 S. BAYSHORE DRIVE  MIAMI FL 33133  The Street Address (P.O. Box Number is Not Acception 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |   |                                |                           | -    | A  | J Contrit                  | outions in FLORIDA            |
| City & State  7. Certificate of Status Desired  \$8.75 Additional Fee Required  8. Make check payable to: Depth of State (See reverse side for lee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  SIGARS, L. JANA, ESO.  2801 S. BAYSHORE DRIVE  MIAM FL 33133  Name  Street Address (P.O. Box Number is Not Acception 100 1 3 4 8 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | <b>2.</b> Mai  | ling Address                                | 2a. Principal Office Address   |                           |      |  | 10 00.0                    |                               |
| Towns   Country   Zip   Country   Zip   Country   Zip   Country   Registered of Status Desired   Status De   |  |   |                                |                           |      |  | Applied For Not Applicable |                               |
| Signary Country  Signa  | City & S   | tate  | City & State                   |                           | F    | 7. Certificate of Status Desired             | £-73.                      |                               |
| 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office  SIGARS, L. JANA, ESQ.  2601 S. BAYSHORE DRIVE  MIAM Ft. 33133  Street Address (P.O. Box Number Is Not Accept 10101011348477  Suite, Apt. #, etc. *****576.25 *****576.25  City  FL  2ip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Negro of Graphic Partner(s)  12 Partnership or Control of Cont | <b>Z</b> ip  | Country                                     | Zip Country                    |                           |      | <u>.                                    </u> |                            | Fee Required                  |
| SIGARS, L. JANA, ESQ.  2601 S. BAYSHORE DRIVE MIAMI FL 33133  Street Address (P.O. Box Number Is Not Accept 60 10 1 3 4 8 4 7 7  Sults, Apt. #, etc. ****576, 25 *****576, 25  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Address of Florida)  Registration/   |  |   |                                |                           |      | Make check payable to: Dept. of              | State (See reve            | rse side for fee information) |
| SIGARS, L. JANA, ESQ.  2601 S. BAYSHORE DRIVE MIAMI FL 33133  Street Address (P.O. Box Number Is Not Accept 60 10 1 3 4 8 4 7 7  Sults, Apt. #, etc. ****576, 25 *****576, 25  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Address of Florida)  Registration/   | Name and Address of Current Parlishmed Agent   |   |                                |                           |      |  |                            |                               |
| Street Address (P.O. Box Number Is Not Accept@100011948477  MIAMI FL 33133  Suffe, Apt. #, etc. #***576.25 ****576.25  City FL  Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was suthorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Nemerical discount Partner(s)  Registration/  | SIGARS, L. JANA, ESQ.<br>2601 S. BAYSHORE DRIVE  |   | Name                           |                           |      |  |                            |                               |
| MIAMI FL 33133  Suite, Apt. #, etc. #***576, 25 #***576, 25  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620,1051 and 620, 192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, am familiar with, and accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Nemerical discount Partner(s)  12 Partner(s)  13 Partner(s)  14 Partner(s)  15 Partner(s)  16 Partner(s)  16 Partner(s)  17 Partner(s)  18 Pagistration/  |  |   | -09/17/9601013021              |                           |      |  |                            |                               |
| Suffe, Apt. #, etc. #***576, 25 #***576, 25  City FL Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 News(a) of General Partner(s)  Registration/   |  |   |                                |                           |      |  |                            |                               |
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| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Name of Ald General Partner(s)  110 In Address of Each General Partner (s)  111 In In Address of Each General Partner (s)  112 In   | for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered |   |                                |                           |      |  |                            |                               |
| MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11 Name(a) of General Partner(b)  110 In Address of Each General Partner  110 Registration/   | SIGNATU  | RE (Registered Agent Accepting Appointment) | ····                           |                           |      | DATE   |                            |                               |
| 11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  11b. City. State & Zip Code  11c. Registration/ Document Number  | A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  |   |                                |                           |      |  |                            |                               |
|  | 11.  | Name(s) of General Partner(s)               | 11a. (Do NOT Use Post Office B | al Partner<br>ox Numbers) | 11b. | City, State & Zip Code                       | 11c.                       |                               |

| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/<br>Document Number |  |
|-----------------------------------|---|-----------------------------|---------------------------------------|--|
| BARMAX INVESTMENTS, INC.          | 5582 N.W. 79TH AVENUE                     | MIAMI FL                    | K99696                                |  |
| MALINA-TRESS INV. CORP.           | 5625 N.W. 79TH AVENUE                     | MIAMI FL                    | L28287                                |  |
|                                   |   |                             | 00 9-16                               |  |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE MWWW. SIGNATURE SIGNAM SIGNATURE SEPT 9, 1996

Typed or Printed Name of General Partner Signing Form MAXWELL WAAS Daylime Telephone Number 305) 592-9579 Daytime Telephone Numbe(301) 592-9578