

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90007 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # K34210  
 1. Corporation Name  
 ALMAFIN BONDED WAREHOUSE CORP.

Principal Place of Business Mailing Address  
 9000 NW 58TH ST 9300 NW 58TH ST  
 MIAMI FL 33178 MIAMI FL 33178  
 US US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 09/26/1988

4. FEI Number  
 65-0078735 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name  
 MANUEL COHEN

82. Street Address (P.O. Box Number is Not Acceptable)  
 9300 N.W. 58 STREET - SUITE 209

83.

84. City  
 MIAMI

85. Zip Code  
 FL 33178

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: *Manuel Cohen* DATE: 3/31/99

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <del>R</del> YANEZ, CARLOS <input checked="" type="checkbox"/> DELETE          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <del>YANEZ, CARLOS</del>   | 1.2 NAME  |   |
| STREET ADDRESS             | <del>9300 NW 58TH ST</del>   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>MIAMI FL</del>  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S COHEN, MANUEL <input type="checkbox"/> DELETE                                | 2.1 TITLE   | DPMST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COHEN, MANUEL  | 2.2 NAME  | COHEN, MANUEL   |
| STREET ADDRESS             | 9300 NW 58TH ST., STE. 209   | 2.3 STREET ADDRESS                                    | 9300 NW 58 STREET _ SUITE 209   |
| CITY-ST-ZIP                | MIAMI FL 33178   | 2.4 CITY-ST-ZIP                                       | MIAMI, FL. 33178  |
| TITLE                      | <del>T</del> FROCHAUX, CHRISTOPHE M <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <del>FROCHAUX, CHRISTOPHE M</del>  | 3.2 NAME  |   |
| STREET ADDRESS             | <del>9300 N.W. 58 STREET, STE. 209</del>                                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>MIAMI FL</del>  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>VP</del> CRESPIN, VITALIO <input checked="" type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <del>CRESPIN, VITALIO</del>  | 4.2 NAME  |   |
| STREET ADDRESS             | <del>9300 NW 58 TH ST</del>  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>MIAMI FL 33178</del>  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| NAME                       |  | 5.2 NAME  | MARINAKYS, JUAN C   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | 9300 N.W. 58 STREET - SUITE 209   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | MIAMI, FL. 33178  |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | VP of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | CRESPIN, VITALIO  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | 9300 NW 58 STREET - SUITE 209   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | MIAMI, FL. 33178  |

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, with all other like empowered.

SIGNATURE: *Manuel Cohen* DATE: 2/3/99 (305) 593-5302

CR2E034 (11/98)