

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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.

Amended

Principal Place of Business

Mailing Address

9300 NW 58 Street
 Suite 209
 Miami, Fl. 33178

9300 NW 58 Street
 Suite 209
 Miami, Fl. 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
 Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

65-0078735

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

22 City & State

27 City & State

8. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MANNEL COHEN
 9300 NW 58 Street
 Suite 209
 Miami, Fl. 33178~~

81 Name **JAIME CUNILL**
 82 Street Address (P.O. Box Number is Not Acceptable) **9300 NW 58 Street**
 83 **Suite 209**
 84 City **Miami** **FL** 85 Zip Code **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **11-18-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DPNST~~ DELETE
 NAME ~~COHEN, MANUEL~~
 STREET ADDRESS ~~9300 NW 58 Street - Suite 209~~
 CITY-ST-ZIP ~~Miami, Fl. 33178~~

1.1 TITLE **PS** Change Addition
 1.2 NAME **CUNILL, JAIME**
 1.3 STREET ADDRESS **9300 NW 58 St - Suite 209**
 1.4 CITY-ST-ZIP **Miami, Fl. 33178**

TITLE **D** DELETE
 NAME **MARINAKYS, JUAN C,**
 STREET ADDRESS **9300 NW 58 Street - Suite 209**
 CITY-ST-ZIP **Miami, Fl. 33178**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VP of Operations** DELETE
 NAME **CRISPIN, VITALIO**
 STREET ADDRESS **9300 NW 58 St**
 CITY-ST-ZIP **Miami, Fl. 33178**

3.1 TITLE Change Addition
 3.2 NAME **800003067208-5**
 3.3 STREET ADDRESS **-12/13/99-01008-009**
 3.4 CITY-ST-ZIP *******61.25 *****61.25**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **ITS**
 6.3 STREET ADDRESS
 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Signature **11-18-99 (305) 993-5302**

Date

Daytime Phone #

CR2E034 (5/99)

FILED
 99 NOV 29 AM 10:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA