FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 23 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** K61969 (7)WARCO, INC. Principal Place of Business Mailing Address 18555 COLLINS AVENUE, 2ND. FLOOR. 18555 COLLINS AVENUE, 2ND. FLOOR, SUNNY ISLES BEACH, FLORIDA 33160 SUNNY ISLES BEACH, FLORIDA 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0100893 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEDZOW KORN KAN & GLASER, P.A. 81 Name 20803 DISCAYNE BLVD-2ND Street Address (P.O. Box Number is Not Acceptable) R2 PH SUITE NO MIAMI BEACH FL 33180 63 84 City 85 Zip Code 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 laphiliar with, and accept the objections of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE RAPKIN, WARREN NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 18555 COLLINS AVENUE, 2ND. FLOOR. 1.4 CITY - ST - ZIP CITY - ST - ZIP **SUNNY ISLES BEACH, FLORIDA 33160** DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. City-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY - ST - ZIF TIFLE DELETE 6 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305 534 9996

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied with this filir indicated on this annual report or supplemental annual rofficer or director of the corporation in the receiver or the Block 12 or Block 13 if changed, you an attachment in the processing of the process of th

FILED