FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L21212** **(0)**

1. Corporation Name

DADE WAREHOUSE INVESTORS, INC.

Principal Place of Business	Mailing Address
C/O PACKMAN, NEUWAHL 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146	C/O PACKMAN NEUWAHL 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **10/09/1989**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0154334** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation files initially for intangible tax under s. 199.032, Fla. St. Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 — Country: 25	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVENUE
STE 125
CORAL GABLES FL 33146

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 Section 607.0502 and 607.1504, 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 this appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	NEUWAHL, MALCOLM H.		2 NAME	
STREET ADDRESS	1500 SAN REMO AVE, STE 125		3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: By: *Malcolm H. Neuwahl* 4/15/96 (305) 665-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Malcolm H. Neuwahl

CR2E034 (12/95)