

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P40483** (0)

1. Corporation Name
INTERNATIONAL WAREHOUSES LTD. COMPANY



Principal Place of Business

**8280 NW 66TH ST.
MIAMI FL 33166**

Mailing Address

**8280 NW 66TH ST.
MIAMI FL 33166-2720**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SIRVEN, JOSE E.
ONE BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

3. Date Incorporated or Qualified

09/11/1992

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0326261

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Anthony Robledo, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

8180 NW 36th Street, Ste 100

83

84 City

Miami

FL

85 Zip Code

33166

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 of registered agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	QUESADA-RAZO, SALVADOR	
STREET ADDRESS	8280 NW 66TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPINO, SILVIA H.	
STREET ADDRESS	8280 NW 66TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUESADA-HERNANDEZ, S.	
STREET ADDRESS	8280 NW 66TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TURKS AND CAICOS 1ST SEC	
STREET ADDRESS	DUKE ST.	
CITY - ST - ZIP	TURKS AND CAICOS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	Quezada, Maria E
5.4 CITY - ST - ZIP	8280 NW 66 street
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Miami, Florida 33166
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

REQUIRED

2/23/97

305-592-8709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)