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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P40483

INTERNATIONAL WAREHOUSES LTD. COMPANY

| | • | | | | | | | | | | |
|---|---|---------------------|---------------------|-----------|--------------------|---|--|---|-------------------|------------------|--|
| Principal Place | of Business | Mailing Address | | | | | 1 10011001 ((1 01011 0011) 01001 (| | 21211 21211 21211 | #1#11 #1#11 1##1 | |
| 8280 NW 66TH ST. B280 NW 66TH ST. | | | | | | | | | | | |
| MIAMI FL 33166 MIAMI FL 33166 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | ļ <u>.</u> | | | SPACE | - | |
| | | | | | | | Date Incorporated or Qualifed 09/11/1992 | - | • | } | |
| | | 2a Mailing Address | | | | | FEI Number | | | plied For | |
| — · · | lace of Business | 2a. Mailing Address | | | | | | | ot Applicable | | |
| 21 | H -4- | Suite, Apt. #, etc. | | | | | 65-0326261 | | \$8.75 | | |
| Suite, Apt. | #, etc. | <u>⊢</u> | Suite, Apr. #, etc. | | | 5. | Certifcate of Status Desired | | | equired | |
| 22 City & State | | City & State | | | - | Clarica Compaign Figureina | | \$5.00 | | | |
| — ' | e | 28 | | | l l | Election Campaign Financing Trust Fund Contribution | | Added | | | |
| Zip | Country | Zip | Cou | intry | | | · · · · · · · · · · · · · · · · · · · | rent veer In | | | |
| 一 | 25 | 29 | 30 | | | 0. | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | | | | |
| 24 | 9. Name and Address of Current | | 30 | <u> </u> | | 10. | Name and Address of New | Registered | | | |
| | 3. Name and Address of Culteria | registeres Agent | | 81 | Name | | | | | | |
| ROBLEDO, ANTHONY CPA | | | | | | | | | | | |
| 8180 NW 36TH ST | | | | 82 | Street Ac | ddress (P | .O. Box Number is Not Accept | able) | | | |
| SUITE 100 | | | 83 | | - | | | | | | |
| | MI FL 33166 | | | | | | | | | | |
| 1110 1 | | | | 84 | City | | | FL | 85 Zip | Code | |
| | 607.0500 | | uton the n | hour | nomad se | ornoration | eubmits this statement for the | | | registered | |
| 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 | | | | | | | | DATE | | <u> </u> | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | Agen | t signature requ | | ADDITIONS/CHANGES TO O | | ND DIRECTO | DRS IN 12 | |
| TITLE | DC OFFICERS AIRE | DINEOTORS DELETE | 1.1 TU | TI F | - | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Change | Addition | |
| | | <u></u> | 1.2 N | | | - | | | | _ | |
| NAME . | QUESADA-RAZO, SALVADOR | | | | ``ADDRESS [``` | | | | - | | |
| STREET ADDRESS | 8280 NW 66TH ST. | • | | | 1 | | | | | | |
| CITY-ST-ZIP_ | MIAMI FL | DELETE | 1.4 CI 2.1 TI | 1Y-\$1 | I-ZIP | <u> </u> | | · | Change | ☐ Addition | |
| TITLE | D CODING OILVIA II | , | 2.1 N | | | | | | <u></u> | | |
| NAME | - ESPINO, SILVIA H. | • | | | | | ,, : * * | | `- | | |
| STREET ADDRESS | | | | ADDRESS | | | | | ľ | | |
| CITY-ST-ZIP_ | MIAMI FL | ☐ DELETE | | ITY-S | T-ZIP | | | | Change | Addition | |
| TITLE | S CHECKEL HERMANDEZ C | - Dertie | 3.1 TF | | | | | | El cuendo | | |
| NAME | QUESADA-HERNANDEZ, S. | | 3.2 NAM | | - | | | ٠, , | . - • | | |
| STREET ADDRESS | | | | ADDRESS I | | | | | ļ | | |
| CITY-ST-ZIP_ | MIAMI FL | | | ITY-S | T-ZIP | | · | | ☐ Change | Addition | |
| TITLE | AS | ☐ DELETE | 4.1 TI | | ĺ | | | | □] ¢nange | Addition | |
| NAME | TURKS AND CAICOS 1ST SEC | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | TURKS AND CAICOS | | | ΠΥ∙S | T-ZIP | | | <u> </u> | | [Addition | |
| TITLE | Ţ | LY DELETE | 5.1 TI | | | | | | ☐ Change | ☐ Addition | |
| NAME | QUEZADA, MARIA E | | . 5.2 N | | | | • | | | į | |
| STREET ADDRESS | 8280 NW 66TH ST | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP · | MIAMI FL | · | | ITY-8 | T- ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 Ti | | 1 | | | | Change | ☐ Addition | |
| NAME | | | 6.2 N | | | | 1 | | | | |
| STREET ADDRESS | | | 6.3 ST | TREET | ADDRESS | | | | | ļ | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

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