2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2004 8:00 am DOCUMENT # P40483 **Secretary of State** 1. Entity Name 03-01-2004 90028 021 ***150.00 INTERNATIONAL WAREHOUSES LTD. COMPANY Principal Place of Business Mailing Address 8280 NW 66TH ST. 8280 NW 66TH ST. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0326261 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBLEDO, ANTHONY CPA Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36TH ST SUITE 100 **MIAMI FL 33166** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Addition QUESADA-RAZO, SALVADOR NAME NAME STREET ADDRESS 8280 NW 66TH ST. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE ESPINO, SILVIA H. NAME 8280 NW 66TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE QUESADA-HERNANDEZ, S. NAME STREET ADDRESS STREET ADDRESS 8280 NW 66TH ST. CITY-ST-ZIP CITY-ST-7IP MIAMI FL AS Delete ☐ Addition TITLE ☐ Change TITLE TURKS AND CAICOS 1ST SEC NAME NAME DUKE ST. STREET ADDRESS STREET ADDRESS TURKS AND CAICOS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED