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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000004267 (0)

BAXTER WAREHOUSES, INC.

Principal Place of Business Mailing Address 2250 SW 3RD AVE 2250 SW 3RD AVE 3RD FLOOR 3RD FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33129 MIAMI FL 33129 3. Date Incorporated or Qualified 11/09/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0370242 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible ☐ No 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **OLIMA RUEBEN** 2250 SW 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) 3RD FLOOR 83 **MIAMI FL 33129** 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or prodest name of registered inject and the if applicable (NOTE Ringistered Agent signature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change 1.1 TITLE TITLE OLIMA, RUEBEN NAME 1.2 NAME 2250 SW 3RD AVE 3RD FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change ■ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY-ST-ZIP DELFTE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 13 if changed, or on an attigituding will an additions.

6.4 CHTY-ST-21P

SIGNATURE:

CITY-ST-ZIP

Ruben OLWA Z- 21-88 305-816-6868

FILED

Feb 27 1998 8:00am

Secretary of State