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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023102 (5)

W. WAREHOUSE CORP.

|   |                 |                                       |                                  |  |                   |                         | . 1881/1881 (18 ) (18 8 ) (18 8 <b>8 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1           |                   |                  |
|---|-----------------|---------------------------------------|----------------------------------|--|-------------------|-------------------------|--|-------------------|------------------|
| Deine In al Ola a   | ( 0             |                                       | NACCO A A                        |  |                   |                         |  | <b>71</b> /17     | PORTO HARI DODA  |
| Principal Place of Business   |                 |                                       | Mailing Ad                       |  |                   |                         | ,  |                   |                  |
| 11732 SW 12TH ST<br>MAMI FL 33184   |                 |                                       |                                  | 9012 W. 106 STREET<br>MEDLEY FL 33178-1202   |                   |                         |  |                   |                  |
| 7   |                 |                                       | WEDELI 12                        |  |                   |                         |  |                   |                  |
|   |                 |                                       |                                  |  |                   |                         | 3. Date Incorporated or Qualified  |                   |                  |
| 2. Principal P  | lace of Busin   | ness                                  | 2a. Mailing                      | Address                                      |                   |                         | 4. FEI Number  |                   | Applied For      |
| 21  |                 |                                       | 26                               |  |                   |                         | 65-0398293   |                   | Not Applicable   |
| Suite, Apt.   | #, etc.         |                                       | Suite, A                         | Suite, Apt. #, etc.                          |                   |                         | 5. Certificate of Status Desired   |                   | 5 Additional     |
| 22  |                 |                                       | 27                               |  |                   |                         | G. Optimode of Orders 2000 D   | Feo               | Required         |
| City & State  |                 |                                       | } ´                              | City & State                                 |                   |                         | 6. Election Campaign Financing   |                   | 00 May Be        |
| 23  |                 |                                       | [28]                             |  | ·                 | Trust Fund Contribution |  | d to Fees         |                  |
| Zip   | Country         |                                       | Zip<br>Eta                       | Gountry                                      |                   | у                       | <b>B.</b> This corporation has liability for i   |                   | rs 199.032,      |
| 24  |                 | and Address of Curr                   | 29                               |  | 30                |                         | Florida Statutes  10. Name and Address of New Re   | Yes No            |                  |
| DIVA  | 4S, GUILLE      | <del></del>                           | ent negratered A                 | -  | 81                | Name                    | IO. Name and Address of New He   | Jisterou Agent    |                  |
|   | 32 SW 12T       |                                       |                                  |  |                   | 140.10                  |  |                   |                  |
|   |                 |                                       |                                  | 82 Street A                                  |                   |                         | dress (P.O. Box Number is Not Acceptable)  |                   |                  |
| MIAMI FL 33184  |                 |                                       |                                  |  | 63                | ·                       |  |                   |                  |
|   |                 |                                       |                                  |  |                   | 1                       |  |                   | ļ                |
|   |                 |                                       |                                  |  | 84                | City                    |  | FL 85 7           | ip Code          |
| 44 Pursuant to the provisions of Sections 607 0502 and 607 1508 Lipida Statutos |                 |                                       |                                  |  | e the abov        | e-pamod ci              | ornoration submits this statement for the n  |                   | n its registered |
| office or r   | egistered ag    | gent, or both, in the Sta             | te of Horida, Such               | change was a                                 | uthorized b       | y the corpo             | orporation submits this statement for the paration's board of directors. I hereby accept | t the appointment | as registered    |
| agent. I a  | m familiar w    | ith, and accept the obl               | igations of, Section             | 1 607.0505, FIG                              | rida Statute      | S.                      |  |                   |                  |
| SIGNATURE   | Stonature typed | for printed name of registered a      | report and title I at our report | e (NO1)                                      | Honistered An     | ent signature to        | quired when reinstating)   | DATE              |                  |
| 12.   |                 | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS                     |  | 13.               | o r a grazar re         | ADDITIONS/CHANGES TO OFFIC   |                   | ORS IN 12        |
| TITLE   | DP              |                                       |                                  | DELFTE                                       | 1.1 TITLE         |                         |  | Chang             |                  |
| NAME  | RIVAS, G        | BUILLERMO G                           |                                  |  | 1.2 NAME          |                         |  |                   |                  |
| STREET ADDRESS  | 11732 S         | W 12TH ST                             |                                  |  | 1.3 STREE         | ADDRESS                 |  |                   |                  |
| CITY-ST-ZIP   | MIAMI FI        | L 33184                               |                                  |  | 1.4 C(TY-         | S1 - ZIP                |  |                   | Ì                |
| TITLE .   |                 |                                       |                                  | ☐ DELETE                                     | 2.1 TITLE         |                         |  | Chang             | e Addition       |
| NAME  |                 |                                       |                                  |  | 2.2 NAME          |                         |  |                   |                  |
| STREET ADDRESS  |                 |                                       |                                  |  | 2.3 STREE         | TADDRESS                |  |                   | i                |
| CITY-ST-ZIP   |                 |                                       |                                  |  | 2. <b>4</b> C(1Y- | ST-ZIP                  |  |                   | ì                |
| TITLE   |                 |                                       |                                  | DELETE                                       | 3.1 TITLE         |                         |  | Chang             | e Addition       |
| NAME  |                 |                                       |                                  |  | 3.2 NAME          |                         |  |                   |                  |
| STREET ADDRESS  |                 |                                       |                                  |  | 3.3 STREE         | I ADDRESS               |  |                   |                  |
| CITY-ST-ZIP   |                 |                                       |                                  |  | 34 CiTY-          | S1 - ZIP                |  |                   |                  |
| TITLE   |                 |                                       |                                  | DELFTE                                       | 4 1 TITLE         |                         |  | ☐ Chang           | e 🔲 Addition     |
| NAME  |                 |                                       |                                  |  | 4. 2 NAME         |                         |  |                   |                  |
| STREET ADDRESS  | •               |                                       |                                  |  | 4.3 STREE         | I ADDRESS               |  |                   |                  |
| CITY-ST-ZIP   |                 |                                       |                                  | <u>.                                    </u> | 4,4 CITY-:        | ST-ZIP                  |  |                   |                  |
| TITLE   |                 |                                       | ;                                | ☐ DELETE                                     | 5,1 TITLE         |                         |  | ☐ Chang           | je 🔲 Addilion    |
| NAME  |                 |                                       |                                  |  | 5.2 NAME          |                         |  |                   |                  |
| STREET ADDRESS  |                 |                                       |                                  |  | 5.3 STHEE         | T ADDRESS               |  |                   |                  |
| CITY-ST-ZIP   |                 | <u></u>                               |                                  | F-1  | 5.4 CHY-          | S1 - Z+P                |  |                   | <b></b>          |
| TITLE   |                 |                                       |                                  | DELETE                                       | 61 INLE           |                         |  | [] Chang          | je 🛄 Addition    |
| NAME  |                 |                                       |                                  |  | 6.2 NAME          |                         |  |                   |                  |
| STREET ADDRESS  |                 |                                       |                                  |  | 6.3 STREE         | I ADDRESS               |  |                   |                  |

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.

ANDC PRECIDENT 11/2 4/67 (305) 863-8603