

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:34

DOCUMENT # **P94000003720 (7)**

1. Corporation Name
WAREHOUSE MANAGEMENT, INC.

Principal Place of Business Mailing Address
8380 W. FLAGLER STREET **8380 W. FLAGLER STREET**
SUITE 200 **SUITE 200**
MIAMI FL 33144 **MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/14/1994

4. FFI Number Applied For
65-0461513 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 § 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7812 SW 84 PLACE** 26 **7812 SW 84 PLACE**
Suite, Apt. # etc. Suite, Apt. # etc.

22 27

City & State City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**

Zip Country Zip Country
24 **33143** 25 **USA** 29 **33143** 30 **USA**

9. Name and Address of Current Registered Agent
LUACES, LORENZO L
8380 W. FLAGLER STREET
SUITE 200
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name **TERESA LUACES**
82 Street Address (P.O. Box Number is Not Acceptable)
7812 SW 84 PLACE
83
84 City **MIAMI** FL 85 Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation certifies 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: *Teresa Luaces* 6-15-95
Typed Name of Registered Agent Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PSD LUACES, LORENZO L 8380 W. FLAGLER ST., SUITE 200 MIAMI FL 33144	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	PTD TERESA LUACES 7812 SW 84 PLACE MIAMI, FLORIDA 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VTD LUACES, TERESA 8380 W. FLAGLER ST., SUITE 200 MIAMI FL 33144	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	VD LORENZO LUACES JR. 7677 SW 79 COURT MIAMI, FLORIDA 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	SD ENRIQUE LUACES 7812 SW 84 PLACE MIAMI, FLORIDA 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept on file, as it makes every effort to pay an officer or director of the corporation or the receiver or trustee (empowered) to correct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or (Block 13) changed, or on an attachment with an address.

SIGNATURE: *Teresa Luaces*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERESA LUACES, PRESIDENT

6-15-95