

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047332 (9)

1. Corporation Name

OPA LOCKA WAREHOUSE, INC.

Principal Place of Business

4381 S.W. 100th TERR. DAVIE, FL 33328

Mailing Address

4381 S.W. 100th TERR. DAVIE, FL 33328

3. Date Incorporated or Qualified 06/24/94

3a. Date of Last Report

4. FEI Number

65-0506915

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2. Mailing Address

26 P.O. BOX 540528 State, Apt. #, etc.

27 City & State

28 OPA LOCKA, FL 33054

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301

81 Name

RAYMOND BADINI

82 P.O. Box Number (Not Applicable)

6401 S.W. 87th AVENUE #102

83

84 City

MIAMI

FL

85 Zip Code

331703

11. Pursuant to the provisions of Sections 607.02 and 607.1409, 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. Said 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 607.02, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

4-2395

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Victor Dessberg and T Dessberg.

Table with 4 columns: 1. TITLE, 2. NAME, 3. STREET ADDRESS, 4. CITY-ST-ZIP. Includes handwritten numbers and a signature.

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this 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 person authorized 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 alternate form with an address.

SIGNATURE:

[Handwritten Signature]

4/23/96

305 688-8111