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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 21 1998 8:00am Secretary of State

1998				Secretary of State DIVISION OF CORPORATIONS			}	Secretary of State				
	JMENT ion Name WAREHO		000059	475 (1)						10111 111 14 101		
Principal Dis	aco of Burinat		Malling	Address			——	I ABBAHADA AND RUTAT WADAL BURSA BUSAA B	Etat er ekt baiki	i kanali dahari kat	184 BAN 1844	
Principal Place of Business Malling Address 7555 WEST 20TH AVENUE 7555 WEST 20TH AVENUE						i						
HIALEAH F		•		AH FL 33014	OL.		Ì					
							-	DO NOT WRITE	IN THIS S	PACE		
							1	3. Date Incorporated or Qualified 08/11/1994				
2. Principal	Place of Busi	ness	2a. Ma	iling Address			-	4. FEI Number		TAP	plied For	
21			26					65-0511936			1 Applicable	
Suite, Ap	ot #, etc.		Sui	te, Apt. ₩, etc.				5. Certificate of Status Desired		\$8.75		
22	lata		27	. f. Chata						Fee Re	<u> </u>	
City & St.	iaic.		28	y & State			}	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip		Country	Zip		Соип	lry		8. This corporation owes or has pa	_=_			
24		25	29		30	•	ì	Personal Property Tax due June] No	
		and Address of (Current Registere	d Agent		.,		10. Name and Address of New Ro	gistered A	gent		
	LARUE, JOE),	Name						
		20TH AVENUE			Ī	2 Street	Addres	s (P.O. Box Number is Not Accepta	ble)			
•	HIALEAH FL	33014			h	13						
					Ĺ						_ 	
					}'	City			FL	 85 Zip (Code	
11. Pursuar	nt to the provi	sions of Sections 60	07.0502 and 607.1	508, Florida Statu	tes, the ab	ove-named	corpor	ation submits this statement for the		changing it	s registered	
office o agent. I	r registered a I am familiar w	gent, or both, in the vith, and accept the	e State of Florida. Se obligations of, Se	Such change was ction 607.0505, F	authorized Iorida Statu	by the cor tes.	rporation	ation submits this statement for the 's board of directors. I hereby acce	pt the appo	ointment as	registered	
SIGNATURE	E											
12.	Signature type	d or printed name of regist	leted agent and title if app RS AND DIRECTO		TE Registered	Agent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERC AND	DIRECTOR	C IN 12	
TITLE	PSO	OFFICE	NO AND DIRECTO	DELETE	1.1 111	E	7	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	LARUE	, JOE			1.2 NA		1					
STREET ADDRES	s 7555 V	VEST 20TH AVE	NUE		1.3 STR	EET ADDRESS						
CITY - ST - ZIP	HIALE	NH FL 33014			1.4 CIT	-ST-ZIP	<u></u>					
TITLE				DELETE	21 TITL	E				Change	Addition	
NAME					2.2 NAM		1					
STREET ADDRES	SS					EET ADDRESS						
CITY-ST-ZIP TITLE		, , , , , , , , , , , , , , , , , , , 		DELETE	2. 4 CH 3.1 TITE	Y-ST-ZIP	 			Change	Addition	
NAME	{			L Dittie	3.2 NA					Change		
STREET ADDRES	ss					eet address	1					
City-St-ZIP	}					Y-ST-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 1(1)		1			Change	Addition	
NAME					4.2 NA	ME	}					
STREET ADDRES	ss				4.3 STR	EET ADDRESS]					
CITY-ST-ZIP						r-st-zip						
TITLE	1			☐ DELETE	5.1 TITU		1			Change	Addition	
NAME 010000 400000					5 2 NA							
STREET ADDRES	22				1	EET ADDRESS						
CITY-ST-ZIP				DELETE	5.4 CIT 6.1 TITE	Y-ST-ZIP E	╂			Change	Addition	
NAME	-				6.2 NA		1					
STREET ADDRES	ss				1	EET ADDRESS	}					
	1					Y-ST-ZIP	1					
CITY-ST-ZIP					V.7 D11							

Indicated on this annual report or supplied with this limits alous jud quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 of the receiver at tustee 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.