


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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90007 049 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000063768 | | | |
| 1. Corporation Name EAST OPA LOCKA WAREHOUSE, INC. | | | |
| Principal Place of Business 4381 S.W. 100TH TERR. DAVIE FL 33328 | | Mailing Address PO BOX 540528 OPA LOCKA FL 33054 US | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 | 26 | 08/29/1994 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 65-0521592 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Zip | 6. Election Campaign Financing | <input type="checkbox"/> |
| 24 | 25 | Trust Fund Contribution | <input type="checkbox"/> |
| Country | Country | 8. This corporation owes the current year Intangible | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29 | 30 | Personal Property Tax. | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CARR, JOY E 1000 PONCE DE LON SUITE 320 CORAL GABLES FL 33134 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code | |
| | | FL | |
| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE _____ DATE _____ | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | NAME | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | |
| DAVIE FL 33328 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| | | 2.1 TITLE | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

305688-1743
Daytime Phone #

CR2E034 (11/98)