## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000075183 (1) DOCUMENT # 3500 WAREHOUSE CORPORATION Principal Place of Business Mailing Address 3500 NW 54TH ST 3500 NW SATH ST MIAMI FL 33142 MIAMI 56 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1994 02/22/1995 2. Principal Place of Business FEI Number Applied For 21 356 65-0529412 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zio 8. This corporation has liability for intangible tax under s 199.032. 24 25 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAPLAN, MARK A 82 Street Address (P.O. Box Number is Not Acceptable) 3561 NW 54TH ST **MIAMI FL 33142** 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **DPVS** THE DELETE 1.11116 ☐ Change Addition CAPLAN, MARK A NAME 12 NAME CR2E034 3561 NW 54TH ST STREET ADDRESS. 13 STREET ADDRESS MIAMI FL 33142 City St Zif 1.4 DITY-ST-ZIP THI.F DELETE 2 1 TITLE Change Addition CAPLAN, MARK A NAME 2.2 NAME 3561 NW 54TH ST STREET ADDRESS. 2 3 STREET ADDRESS **MIAMI FL 33142** CITY ST ZIP 2 4 CITY - ST - ZIP THILE [] DELETE 3 1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS OILY-\$1-7(P) 34 CHY-ST-ZIP TITLE DELETE 4 1 TIBLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST- ZIP Trut DELETE 5 1 TITLE Addition Change NAME 52 NAME SPHELL ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP 3003 DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

SIGNATURE: Marke Of Garding MARK A CAPLAN 08/11/96 (35)635-4555

63 STREET ADDRESS

City-St-ZiP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished 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 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