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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000075183

3500 WAREHOUSE CORPORATION

Principal Place	of Business	Mailing Address					
3500 NW 54TH ST 3561 NW 54TH ST							
MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN	THIS SPACE	
		US			3. Date Incorporated or Qualifed	THO OF ACE	
					10/13/1994		1
2 Principal Pi	ace of Business	2a. Mailing Address		-	4. FEI Number	Apr	plied For
Z. Principal P	ace of business	26			65-0529412		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
	#, 0 10.	27			5. Certifcate of Status Desired	Fee Re	I .
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible	
24	25	29 30]		Personal Property Tax.		□No
	9. Name and Address of Cur		'		10. Name and Address of New Registe	ered Agent	
			81	Name			
	LAN, MARK A		82	Stroot Adds	ress (P.O. Box Number is Not Acceptable)		
	NW 54TH ST		102	Street Addi	ess (F.O. Box Number is Not Acceptable)		
MAM	AI FL 33142		83				
			_				
			84	City	••	FL 85 Zip C	,ode
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (NOTE: Re	gistered Ager	nt signature required	d when reinstating) DA' ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	DPVS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	CAPLAN, MARK A		1.2 NAME				j
STREET ADDRESS	ARA 1 1817 A 1811 A 8		1.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33142 140		1.4 CITY-S	T-ZìP			
TITLE			2.1 TITLE			Change	☐ Addition }
NAME	CAPLAN, MARK A		2.2 NAME	ļ	•		}
STREET ADDRESS	3561 NW 54TH ST		2.3 STREET	T ADDRESS		*	ļ
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY-S	ST-ZIP	ناجه والمنطقية المجهور		
TITLE	☐ DELETE 3.1 T		3.1 TITLE			Change	Addition
NAME			3.2 NAME				j
STREET ADDRESS			3.3 STREET	TADDRESS	,		
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			' 🔲 Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	6.1 TITLE		_	Change	☐ Addition
NAME			6.2 NAME		•		-

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS