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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066107 (9)

MIAMI WAREHOUSE INVESTORS, CORP.

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State

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1 LAGORCE CIRCLE MIAMI BEACH FL 33141		1 LAGORCE CIRCLE MIAMI BEACH FL 33141-451	9		
				3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last Report
2. Principal Fla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 740/	N.W. 3200 HVS.	26 2957 F/A	MINOS DR.	, 65-069104	
Suite, Apt 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	AMT FL	City & State 28 / TAMT B	EACH FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ιρ 24.33/<	Country F2 25 U.S.	^{Zip} 29 33 140	Country		Yes No
	g. Name and Address of Current	10. Name and Address of New Re	Istered Agent		
	ECHT, NORMAN		81 Name	Vorman DEVe	SCHT
1 LAGORCE CIROLE MIAMP BEACH FL 33141				Idress (P.O. Box Number is Not Accepted	PRIVE
			83		
			84 City 7	AMI BEACH	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	e the about semes of	reporation authorite this statement for the o	urpose of changing its registered
office of re agent. Far	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was at itions of, Section 207.0505, Flor	utriorized by the corpor rida Statutes.	ration's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	Mormon Da	lecty N	ORMAN L	EVECHT VITI	9-24-11
	Confusione rapid or printed name of registered ager OFFICERS AND		Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	PD OF ICERS AND	DELETE	13.	PRESIDENT/TOASU	
NAME	DEVECT, SCOTT L	•	1.2 NAME	SAYLE CARSON DEV	CALLET
STREET ADDRESS	1 LAGORCE CIRCLE		1.3 STREET ADDRESS	1957 FLAMINGO DRIV	EUHT
C-TY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	Manual Reput FT	E 9 140
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	CARSON, GAYLE		2.2 NAME		·
STREET ADDRESS	1 LAGORCE CIRCLE		2.3 STREET ADDRESS		
CHY-ST ZIP	MIAMI BEACH FL 33141		2.4 CITY - ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	-	Change Addition
NAM E	DEVECHT, NORMAN		3.2 NAME		
STREET ADDRESS	1 LAGORCE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4. CITY - ST - ZIP	·	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME .		
STREET ADORESS			4.3 STREET ADDRESS		
CITY - ST - 201			4.4 CITY - ST - ZIP		
THE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-7IP			5.4 CITY-ST-ZIP		
THE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STHEET ADDRESS			6 3 STREET ADDRESS		
CHTY+S1+ZP			64 CITY-ST-ZIP		
 14 Lido hereb 	by certify that the information supplier	t with this tiling does not nualifi	vitor the exemption state	ted in Section 119.07(3)(i). Florida Statute:	s I turther certify that the

I have the same legal effect as if made under oath; that the composition 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 Florida Statutes; and that my name address.