

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

FILED  
May 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038208 (9)

1. Corporation Name

SOUTHERN WAREHOUSE AND PACKAGING, INC.



Principal Place of Business

3801 NORTH UNIVERSITY DRIVE #320  
SUNRISE FL 33351

Mailing Address

3801 NORTH UNIVERSITY DRIVE #320  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 7856 N.W. 72ND, AVENUE

Suite, Apt. #, etc.

22 City & State  
23 MEDLEY, FLORIDA

24 Zip 33166 25 Country U.S.A.

2a. Mailing Address  
26 7856 N.W. 72ND AVENUE

Suite, Apt. #, etc.

27 City & State  
28 MEDLEY, FLORIDA

29 Zip 33166 30 Country U.S.A.

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

RA65-0749893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOULOS, RIAD  
3801 NORTH UNIVERSITY DRIVE #320  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7856 N.W. 72ND AVENUE

83

84 City  
MEDLEY

FL

85 Zip Code  
33166

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BOULOS, RIAD  
3801 NORTH UNIVERSITY DRIVE #320  
SUNRISE FL 33351

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRESIDENT  
SALIM C. BOULOS  
7856 N.W. 72ND AVENUE  
MEDLEY, FLORIDA 33166

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

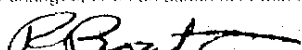
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:



4/28/98

305-884-5959

CR2E034 (10/97)