

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90008 020 ***155.00

DOCUMENT # S42052

1. Corporation Name
CLAREYN WAREHOUSING CORP.

Principal Place of Business
375 NORTHEAST 72ND TERRACE
MIAMI FL 33138

Mailing Address
1000 W. ISLAND BLVD.
STE. 2009
MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1991

4. FEI Number

65-0321699

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11755 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 201

City & State

23 NORTH MIAMI, FL

Zip

24 33181

Country

25 USA

2a. Mailing Address

26 11755 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 201

City & State

28 NORTH MIAMI, FL

Zip

29 33181

Country

30 USA

9. Name and Address of Current Registered Agent

KANZIGER, ROBERT A ESQ **DELETE**
9130 S. DADELAND BLVD.
SUITE 1705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Reynald KATZ

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

11755 Biscayne Blvd.

83 Suite #

201

84 City

NORTH MIAMI

FL

85 Zip Code

33181

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 **Reynald Katz**

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** **DELETE**

NAME **KATZ, REYNALD**
STREET ADDRESS **1000 W. ISLAND BLVD., #2009**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director** ☒ Change ☐ Addition

1.2 NAME **Reynald Katz**
1.3 STREET ADDRESS **11755 Biscayne Blvd., # 201**
1.4 CITY-ST-ZIP **NORTH MIAMI, FL 33181**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 employed 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 REQUIRED

7/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR

Date

Daytime Phone #

Reynald Katz

CR2E034 (1/199)