

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S68160 (8)

1. Corporation Name  
WAREHOUSE 99 OF MIAMI, INC.



Principal Place of Business: 18502 NORTHWEST 54TH AVENUE MIAMI LAKES FL 33014  
Mailing Address: 18502 NORTHWEST 54TH AVENUE MIAMI LAKES FL 33014-6113

3. Date Incorporated or Qualified: 07/23/1991  
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21 5445 N.W. 161 ST  
22 Suite, Apt. #, etc.  
23 City & State: MIAMI FL  
24 Zip: 33014 25 Country  
2a. Mailing Address: 26 SAME AS #2  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip 30 Country

4. FEI Number: 65-0276010  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
LEVINSON, EDWARD E.  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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] DATE: 1/19/97  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	GOLDMAN, MARTIN	
STREET ADDRESS	18502 NORTHWEST 54TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VD	DELETED
NAME	HABER, KENNETH	
STREET ADDRESS	18502 NORTHWEST 54TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	DELETED
NAME	GOLDMAN, SHERRI	
STREET ADDRESS	18502 NORTHWEST 54TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 do 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 or on an attachment with an address.

SIGNATURE: [Signature] DATE: Daytime Phone #

CR2E034 (9/96)