


**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90138 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S68160

1. Corporation Name  
 WAREHOUSE 99 OF MIAMI, INC.

Principal Place of Business  
 5445 NW 161 ST  
 MIAMI FL 33014  
 US

Mailing Address  
 5545 NW 161 ST  
 MIAMI FL 33014  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/23/1991

4. FEI Number  
 65-0276010

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 28 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent  
 LEVINSON, EDWARD E.  
 487 LINCOLN ROAD  
 PENTHOUSE SOUTHEAST  
 MIAMI BEACH FL 33133

10. Name and Address of New Registered Agent  
 81 Name RONALD GACHE /O BROAD & CASSEL  
 82 Street Address (P.O. Box Number is Not Acceptable) 400 AUSTRALIAN WYE SOUTH  
 83 SUITE 500  
 84 City West Palm Beach FL 85 Zip Code 33401

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]* RONALD GACHE DATE 3/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GOLDMAN, MARTIN	1.1 TITLE	
NAME	16502 NORTHWEST 54TH AVE	1.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HABER, KENNETH	2.1 TITLE	
NAME	18502 NORTHWEST 54TH AVE	2.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD GOLDMAN, SHERRI	3.1 TITLE	
NAME	16502 NORTHWEST 54TH AVE	3.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* DATE 3/31/99

CR2E034 (1/798)