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Apr 25 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 # V09658 (8)
1. Corporation Name
WAREHOUSE 2, INC.



Principal Place of Business Mailing Address
17800 NORTH STATE ROAD 9 DRIVE 17800 NORTH STATE ROAD 9 DRIVE
MIAMI FL 33162 MIAMI FL 33162
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
01/24/1992 06/20/1996
4. FEI Number Applied For
65-0314610 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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

GRANOFF, ROBERT I.
17800 NORTH STATE ROAD 9 DRIVE
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name O.B. Romero
82 Street Address (P.O. Box Number is Not Acceptable)
2901 S.W. 8th Street
83 Suite 202
84 City Miami FL 85 Zip Code 33135

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

O.B. Romero

4/18/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
SD	ROBINS, JANYCE	17800 NORTH STATE ROAD 9 DRIVE	MIAMI FL	<input checked="" type="checkbox"/>
CPS	GRANOFF, ROBERT	17800 NORTH STATE ROAD 9 DRIVE	MIAMI FL	<input checked="" type="checkbox"/>
T	RACHLIN, NORMAN S	17800 NORTH STATE ROAD 9 DRIVE	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/D	M.H. Shulman	2901 S.W. 8th Street Suite 202	Miami, FL 33135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/D	S.E Shulman	2901 S.W. 8th Street Suite 202	Miami, FL 33135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, with an attachment with an address.

SIGNATURE:

M.H. Shulman

4/18/97

(800) 726-0832

CR2E034 (9/96)