

PROFIT **CORPORATION** ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90082 011 ***150.00

	1333			-\	002 011 150.00
1. Corporation	n Name	052707			
EWE WA	REHOUSE INVESTMENTS	II, INC.		1	
	,				i i divit koni lodar i dika (128 (101)
	No. 2			1,00%00 4f0 (0415 X)(() 02(() 1814) 634); 834)	EL CULHA SIDIA FARRILA BRIK 1984 LARR
Principal Place	of Business	Malling Address			
300 GRECO AVENUE 300 GRECO AVENUE CORAL GABLES FL 30146					•
CORAL GABLES	5 FL 33146	COMME CAUDIES LE 23140		DO NOT WRITE IN TH	S SPACE
	•			3. Date incorporated or Qualified	
		·		06/20/1996	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26		65-0685903	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	B	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year t	ntangible
 24	25	29 30	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
			81 Name		
EASTON, EDWARD W			B2 Street Add	iress (P.O. Box Number is Not Acceptable)	
300 GRECO AVE		•			
CORAL GABLES FL 33148			83	<u> </u>	
		•	84 City	F	85 Zip Code
			the charge ported por	nametion submits this statement for the numose	of changing its registered
11. Pursuant	to the provisions of Sections 507.056 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida. Such change was auti	horized by the corporal	poration submits this statement for the purpose lon's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.		j
SIGNATURE	Eignature, typed or presied name of registered age	and and little of providentals (NOTE: Ru	agistered Agent signature requi	ned when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
fm.E	D	☐ OELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EASTON, EDWARD D		1.2 NAME		
STREET ADDRESS	300 GRECO AVENUE	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 City-St-ZP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TTLE		
NAME	EASTON, EDWARD J	•	2.2 NAME		
STREET ADDRESS	300 GRECO AVENUE		2.3 STREET ACCRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	□ DELETE	2.4 CTY-S1-2P		Change Addition
TILE	•	☐ DELETE	3.1 TITLE 3.2 NAME		
NAME	l ·		3.3 STREET ADDRESS		
STREET AODRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TITLE		Change Addition
TITLE			4,2 NAME		İ
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-8T-2IP		
CITY-ST-ZIP		☐ D€LETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	****	
OTY-ST-ZIP			5.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		•	6.2 NAME		
STREET ADDRESS	·		6.3 STREET ADDRESS		
CHTV. ST. 789			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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 ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with all other like empowered.

SIGNATURE: