

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H68898 (6)**

1. Corporation Name  
**COMMERCE DISTRIBUTION SYSTEMS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**C/O NEIL B. MOONEY** **C/O NEIL B. MOONEY**  
**1680 NW 95TH AVE** **1680 NW 95TH AVE**  
**MIAMI FL 33172** **MIAMI FL 33172**

3. Date Incorporated or Qualified **07/30/1985** 3a. Date of Last Report **03/25/1994**  
4. FEI Number **59-2566570** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **6801 NW 77 AVE.** 26  
Suite, Apt. #, etc. Suits, Apt. #, etc.  
22 **#210** 27  
City & State City & State  
23 **MIAMI, FL** 28  
Zip Country Zip Country  
24 **33166** 25 **USA** 29 **30**

9. Name and Address of Current Registered Agent  
**MOONEY, NEIL B.**  
**280 SHADOW WAY**  
**MIAMI SPRING FL 33168**

10. Name and Address of New Registered Agent  
81 Name **MONICA N. CASAS**  
82 Street Address (P.O. Box Number is Not Applicable) **15505 BULL RUN RD.**  
83 **#246**  
84 City **MIAMI LAKES FL** 85 Zip Code **33014**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0405, Florida Statutes.

SIGNATURE *Monica N. Casas* DATE

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **MOONEY, NEIL B.**  
STREET ADDRESS **990 HUNTING LODGE DR.**  
CITY - ST - ZIP **MIAMI SPRINGS FL**  
TITLE **VPST**  
NAME **CASAS, MONICA N.**  
STREET ADDRESS **15505 BULL RUN RD., #246**  
CITY - ST - ZIP **MIAMI LAKES FL 33014**

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 **PRESIDENT**  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report (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; 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 of this report, or on an attachment with an address.

SIGNATURE: *Monica Casas* 4/27/95  
RIGHT TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1