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

PROFIT CORPORATION ANNUAL REPORT

1998

9



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000007843 (2)

DISTRIBUTION MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 3300 NE 191ST STREET P.O. BOX 1256

FILED Apr 14 1998 8:00am Secretary of State

AVENTURA FL 33180				HALLANDALE FL 33008							
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								01/25/1995			
2.	Principal Place of Busi	28.	2a, Mailing Address				4. FEI Number		Applied For		
21		26	26				65-0574760		Not Applicable		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional	
22				7					Fee Required		
	City & State		City & State				Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution	A	ded to Fees	
	Zip	Country	L_	Zip	Cour			8. This corporation owes or has paid the current year Intangible			
24		25	29		30			Personal Property Tax due June 30.	Yes Yes	☐ No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
EGIDI, ROMOLO						81	Name				
303					82	Street A	pet Address (P.O. Box Number is Not Acceptable)				
					or our constant (to , 25th rains 37 to ray, 1000 plants)						
					83						
						84	City		85	Zip Code	
							<u> </u>	F	L		
	Pursuant to the provis	sions of Sections 607	.0502 and 6	07.1508, Florid	la Statutes, the at	oove	-named c	orporation submits this statement for the purpose pration's board of directors. I hereby accept the at	of chang	ging its registered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE Signifiare, typed or persted name of regulered agent and little if applicable (NOTL: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE EGIDI, ROMOLO NAME 1.2 NAME 3300 NE 191 ST STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE GREENFIELD, LEO 22 NAME 1680 NE 135TH ST. STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI FL 33181 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. City-St-ZiP DELETE Change Addition 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition 6.2 NAME 6.3 STREET ADDRESS

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.

6.4 CITY - ST - ZIP

March 15,1998 (305)893-9270