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

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 NOV 24 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000007843**  
1. Corporation Name  
**DISTRIBUTION MANAGEMENT SERVICES, INC.**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3300 NE 191ST STREET AVENTURA FL 33180

Mailing Address: P.O. BOX 1256 HALLANDALE FL 33008

2. Principal Place of Business: 21 11601 Biscayne Blvd, - Suite, Apt. #, etc. Suite 201 City & State: Miami, Florida Zip: 33181 Country: USA

2a. Mailing Address: 26 11601 Biscayne Blvd. - Suite, Apt. #, etc. Suite 201 City & State: Miami, Florida Zip: 33181 Country: USA

3. Date Incorporated or Qualified: 01/25/1995

4. FEI Number: 65-0574760 Applied For: Not Applicable

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

9. Name and Address of Current Registered Agent  
**EGIDI, ROMOLO**  
 3300 NE 191 ST  
 303  
 AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: **LEO GREENFIELD**

82 Street Address (P.O. Box Number is Not Acceptable): **11601 Biscayne Boulevard**

83 **Suite 201**

84 City: **Miami** FL 85 Zip Code: **33181**

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]* DATE: 11/10/99

12. OFFICERS AND DIRECTORS

1. PD **EGIDI, ROMOLO** 3300 NE 191 ST AVENTURA FL 33180  DELETE

2. VPD **GREENFIELD, LEO** 1680 NE 135TH ST. NORTH MIAMI FL 33181  DELETE

3.  DELETE

4.  DELETE

5.  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PRESIDENT**  Change  Addition

1.2 NAME: **LEO GREENFIELD**

1.3 STREET ADDRESS: **11601 Biscayne Blvd. - #201**

1.4 CITY-ST-ZIP: **Miami, FL 33181**

2.1 TITLE: **VICE PRESIDENT**  Change  Addition

2.2 NAME: **BARBARA GREENFIELD**

2.3 STREET ADDRESS: **11601 Biscayne Blvd. - #201**

2.4 CITY-ST-ZIP: **Miami, FL 33181**

3.1 TITLE: **SECRETARY**  Change  Addition

3.2 NAME: **MARIA E. LOPEZ DE MENDOZA**

3.3 STREET ADDRESS: **11601 Biscayne Blvd. - #201**

3.4 CITY-ST-ZIP: **Miami, FL 33181**

4.1 TITLE:  Change  Addition

4.2 NAME: **500003051775-4**

4.3 STREET ADDRESS: **-11/22/99--01134--001**

4.4 CITY-ST-ZIP: **\*\*\*1517.50 \*\*\*\*758.75**

5.1 TITLE:  Change  Addition

5.2 NAME: **LS**

5.3 STREET ADDRESS:  Change  Addition

5.4 CITY-ST-ZIP:  Change  Addition

6.1 TITLE:  Change  Addition

6.2 NAME:  Change  Addition

6.3 STREET ADDRESS:  Change  Addition

6.4 CITY-ST-ZIP:  Change  Addition

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]* DATE: 11/10/99 DAYTIME PHONE #: 305.893-9270

CR2E034 (11/98)