FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

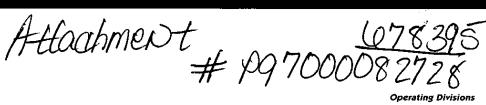
## Sep 30, 2002 8:00 am Secretary of State DOCUMENT # P97000082728 09-30-2002 90177 006 \*\*\*150.00 DME GLOBAL MARKETING FULFILLMENT & DISTRIBUTION. INC. Principal Place of Business Mailing Address 4915 NW 159TH STREET 4915 NW 159TH STREET MIAMI FL 33014 MIAMI FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0792562 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOER M. LENIS, MARIA Street Address (P.O. Box Number is Not Acce 17845 NW 15TH STREET PEMBROKE PINES FL 33029 CORA 8. The above named entity submits this statement for the purpose of on anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy it Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE CR2E034 (4/02) Change ☐ Addition NAME LENIS, WILLIAM NAME STREET ADDRESS 17845 NW 15TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33029 CITY-ST-ZIP TITLE ☐ Delete ٧D TITLE Change ☐ Addition NAME LENIS, MARIA NAME STREET ADDRESS STREET ADDRESS 17845 NW 15TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33029 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 report or supplemental 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #





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September 26, 2002

Florida Department of State Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, Fl., 32314

Ref: 2002 Annual Report for Doc.#P97000082728

Dear Sir or Madam:

The purpose of this letter is let you know that we never received our initial 2002 Annual Report as normally happened in prior years. We did receive the second 2002 annual report, which is enclosed with a ck. in the amount of \$150.00. We respectfully request that the late filing penalty be waived.

We really appreciate your attention in this matter and thank you in advance for your cooperation.

Sincerely yours,

Maria Lenis Vice-president