## 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** 

## DOCUMENT # P98000093361

1. Corporation Name

WAREHOUSE DISTRIBUTION SERVICES, INC.

Principal	Place	of	Business
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Mailing Address

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90071 042 \*\*\*150.00



150 W FLAGLER STREET #2200 150 W FLAGLER STREET #2200 MIAMI FL 33130			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed     11/03/1998		
2. Principal Place of Business	ace of Business 2a. Mailing Address			4. FEI Number	L	Applied For
1900 NW 68 STREET	26 7900 NW 68th ST	RL	er	65-0874563		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional ee Required
City & State    City & State     City & State     City & State     City & City	City & State  Miami FL	٠		6. Election Campaign Financing  Trust Fund Contribution	•	.00 May Be ded to Fees
Zip Country 25 21: Dade	Zip 33/66 30 Cou	ıntry		This corporation owes the current year In     Personal Property Tax.	tangible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent	
MENENDEZ, FRANCISCO J		81	Name			
150 W FLAGLER STREET #2200		82	Street Addres	•		
MIAMI FL 33130		83				
		84	City	FL	85	Zip Code
44 C	and CO7 1500 Elorida Statutos the a	hove	named como	ration submits this statement for the nurnose of	changir	na its registered

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, typed or printed name of registered agent and title if app	kicable. (NOTE: R	gistered Agent signature rec	uired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	Jose M JIMENEZ		1.2 NAME				
STREET ADDRESS	7900 NW 68 STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		1.4 CITY-ST-ZIP				
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	MIRNA C Jimenez		2.2 NAME				
STREET ADDRESS	7900 NW 68 STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 ΠΤ <b>L</b> E		Change	☐ Addition	
NAME			4. 2 NAME		-		
STREET ADORESS			4.3 STREET ADORESS		,		
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TTILE		☐ DELETE	5.1 TITLE	·	Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiTY-ST-ZiP				
TITLE		☐ DELETE	6.1 TITLE			☐ Addition	
NAME (			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
## I bearders	ortify that the information symplied with this filing	does not qualify for the	ne exemption stated	in Section 119.07(3\(ii) Florida Statutes   fu	oner cently that the ir	ntarmation	

I nereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 113.07(3)(f), Florida Statutes, I name 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** 

Wend Tose M Jimenez

305.599.6115