

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002676 (2)

1. Corporation Name
PROSOURCE, INC.

Principal Place of Business
550 BILTMORE WAY, 10TH FLOOR
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY, 10TH FLOOR
CORAL GABLES FL 33134-5730



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1500 SAN REMO AVE		26 1500 SAN REMO AVE		05/29/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 3RD FLOOR		27 3RD FLOOR		65-0335019		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 CORAL GABLES FL		28 CORAL GABLES FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33146		29 33146		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		Country		Yes No	
25 USA		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	DELETE		1.1 TITLE	Change Addition		
NAME	PARKER, DAVID R			1.2 NAME			
STREET ADDRESS	950 CASTLE AVENUE			1.3 STREET ADDRESS	930 CASTLE AVENUE		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP	P/D		
TITLE		DELETE		2.1 TITLE	Change Addition		
NAME	HIGHLAND, THOMAS C			2.2 NAME			
STREET ADDRESS	7120 LAGO DRIVE WEST			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	V	DELETE		3.1 TITLE	Change Addition		
NAME	ADZIA, DANIEL J			3.2 NAME			
STREET ADDRESS	1076 PLEASANT HILL LANE			3.3 STREET ADDRESS	701 BRICKELL KEY BLVD #2312		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33131		
TITLE	V	DELETE		4.1 TITLE	Change Addition		
NAME	EVANS, WILLIAM F			4.2 NAME			
STREET ADDRESS	1020 WEST 55TH STREET			4.3 STREET ADDRESS	3824 EL PRADO BLVD		
CITY-ST-ZIP	KANSAS CITY MO			4.4 CITY-ST-ZIP	COCONUT GROVE, FL		
TITLE	VTS	DELETE		5.1 TITLE	Change Addition		
NAME	GARCIA, PAUL A			5.2 NAME			
STREET ADDRESS	5810 SW 91 AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME	MELMAN, ANTHONY R			6.2 NAME			
STREET ADDRESS	32 HILLHOLM BLVD			6.3 STREET ADDRESS	DIRECTOR		
CITY-ST-ZIP	RICHMOND HILL CANADA			6.4 CITY-ST-ZIP			

14. I do 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.

CR2E034 (9/96)