

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L25925** (3)

1. Corporation Name

**THE SOURCE GROUP, INC.**



Principal Place of Business

**222 LAKEVIEW AVE  
STE 1100  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**222 LAKEVIEW AVE  
STE 1100  
WEST PALM EBAHC . 33401  
US**

3. Date Incorporated or Qualified

**10/26/1989**

3a. Date of Last Report

**07/11/1995**

2. Principal Place of Business

2a. Mailing Address

**21 222 Lakeview Ave.**

**26 222 Lakeview Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 1100**

**27 Suite 1100**

City & State

City & State

**23 West Palm Beach, FL**

**28 West Palm Beach, FL**

Zip

Country

Zip

Country

**24 33401**

**25 USA**

**29 33401**

**30 USA**

4. FEI Number

**65-0180528**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERSON, GARY N.  
1645 PALM BEACH LAKES BLVD  
SUITE 200  
W. PALM BEACH FL 33402**

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
NAME  
BILKEY, ROBERT N.  
STREET ADDRESS  
1728 BREAKERS WEST BLVD  
CITY-ST-ZIP  
W. PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VD  
NAME  
LUNAS, OSCAR  
STREET ADDRESS  
1728 BREAKERS WEST BLVD  
CITY-ST-ZIP  
W. PALM BEACH FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**V  
NAME  
SALCEDO, FABIO  
STREET ADDRESS  
1120-D SAND DRIFT WAY  
CITY-ST-ZIP  
W. PALM BEACH FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME  
SALCEDO, MAURICIO  
STREET ADDRESS  
1728 BREAKERS WEST BLVD  
CITY-ST-ZIP  
W. PALM BEACH FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**Fabio Salcedo / v. Feb.23/96**

(407) (822-5404)

Date

Daytime Phone

CR2E034 (12/95)