

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60003

(5)

1. Corporation Name

PURCHASING SERVICES GROUP, INC.



Principal Place of Business

6995 N.W. 46TH ST.
MIAMI FL 33166

Mailing Address

6995 N.W. 46TH ST.
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

VALLADARES, MARIO R.
251 N. W. 97 AVE.
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 607.01(2) and 607.01(3), 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.01(6), Florida Statutes.

SIGNATURE

(Signature for person making the requested appointment)

(Signature for person making the requested appointment)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DE FILE
NAME	VALLADARES, MARIO R	
STREET ADDRESS	251 N. W. 97 AVE.	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	DTS	[] DELETE
NAME	VALLADARES, ELIZABETH G	
STREET ADDRESS	251 N. W. 97 AVE.	
CITY-STATE-ZIP	PLANTATION FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	
2. TITLE	[] Change [] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	[] Change [] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	[] Change [] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	[] Change [] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct, 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 attached list with an address.

SIGNATURE:

Elizabeth Valladares

(Signature and Typed or Printed Name of Signing Officer or Director)

3/26/96

305-885-6700

(Date)

(Phone Number)

CR2E034 (12/95)