

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90257 014 \*\*\*150.00

DOCUMENT # P00000092469			
1. Entity Name PRO TECH SOURCE, INC.			
Principal Place of Business 9601 SW 142 AVENUE SUITE 503 MIAMI FL 33186		Mailing Address 9601 SW 142 AVENUE SUITE 503 MIAMI FL 33186	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent DE SOUZA, IOLANDA 9601 SW 142 AVENUE SUITE 503 MIAMI FL 33186			
8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE: [Signature] IOLANDA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12.	
TITLE PD NAME DE SOUZA, IOLANDA STREET ADDRESS 9601 SW 142 AVENUE SUITE 503 CITY-ST-ZIP MIAMI FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature] IOLANDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)