

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P39342** (1)  
1. Corporation Name  
**PROSOURCE SERVICES CORPORATION**



Principal Place of Business <b>550 BILTMORE WAY 10TH FL CORAL GABLES FL 33134 US</b>	Mailing Address <b>550 BILTMORE WAY 10TH FL CORAL GABLES FL 33134-5730 US</b>
---	--

3. Date Incorporated or Qualified <b>06/22/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business 21 <b>1500 SAN REMO AVE.</b> Suite, Apt. #, etc. 22 <b>3RD FL</b> City & State 23 <b>CORAL GABLES FL</b> Zip 24 <b>33146</b>	2a. Mailing Address 26 <b>1500 SAN REMO AVE.</b> Suite, Apt. #, etc. 27 <b>3RD FL</b> City & State 28 <b>CORAL GABLES FL</b> Zip 29 <b>33146</b>	4. FEI Number <b>65-0331965</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>930 CASTILE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAINOR, JOHN P.</b>	2.2 NAME	
STREET ADDRESS	<b>5N 653 FARRIER POINT LANE</b>	2.3 STREET ADDRESS	<b>10045 SW 124 ST</b>
CITY-ST-ZIP	<b>ST. CHARLES IL</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELMAN, ANTHONY R., DR.</b>	3.2 NAME	
STREET ADDRESS	<b>32 HILLHOLM BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND HILL, CANADA</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBLER, MAURICE L.</b>	4.2 NAME	
STREET ADDRESS	<b>8245 S.W. 184TH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGHLAND, THOMAS C.</b>	5.2 NAME	
STREET ADDRESS	<b>7120 LAGO DRIVE WEST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, GERALD W.</b>	6.2 NAME	
STREET ADDRESS	<b>COMMERCE COURT WEST, 29F</b>	6.3 STREET ADDRESS	<b>37 CLUNY DRIVE</b>
CITY-ST-ZIP	<b>TORONTO, ONT., CANADA</b>	6.4 CITY-ST-ZIP	<b>TORONTO, ONT. CANADA M4W 2P9</b>

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.

SIGNATURE: *Paul A. Garcia de Quevedo* **PAUL A. GARCIA DE QUEVEDO** Date: \_\_\_\_\_ Daytime Phone: **305-740-1000**

CR2E034 (9/96)