

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P39342 (1)**  
 1. Corporation Name  
**PROSOURCE SERVICES CORPORATION**



Principal Place of Business <b>1500 SAN REMO AVE                  3RD FLOOR                  CORAL GABLES FL 33146                  US</b>	Mailing Address <b>1500 SAN REMO AVE                  3RD FLOOR                  CORAL GABLES FL 33146                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/22/1992</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>65-0331965</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 \_\_\_\_\_ 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	<b>CD</b> <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	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAINOR, JOHN P.</b>	2.2 NAME	
STREET ADDRESS	<b>10445 SW 124 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELMAN, ANTHONY R., DR.</b>	3.2 NAME	<b>William F. Evans</b>
STREET ADDRESS	<b>32 HILLHOLM BLVD.</b>	3.3 STREET ADDRESS	<b>3824 El Prado Blvd.</b>
CITY-ST-ZIP	<b>RICHMOND HILL, CANADA</b>	3.4 CITY-ST-ZIP	<b>Coconut Grove, FL 33133</b>
TITLE	<b>V</b> <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	<b>PD</b> <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	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHWARTZ, GERALD W.</b>	6.2 NAME	<b>Paul A. Garcia de Quevedo</b>
STREET ADDRESS	<b>37 CLUNY DR</b>	6.3 STREET ADDRESS	<b>5810 S.W. 91 Avenue</b>
CITY-ST-ZIP	<b>TORONTO ON</b>	6.4 CITY-ST-ZIP	<b>Miami, FL 33173</b>

14. I 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 to this address.

SIGNATURE: *Paul A. Garcia de Quevedo* **Paul A. Garcia de Quevedo 4/28/98 305 740 1000**

CR2E034 (10/97)