

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000047491 (4)**
1. Corporation Name
SOURCE INTERNATIONAL GROUP, INC.



Principal Place of Business C/O WENDY HART 1330 OCEAN DRIVE - 4TH FL. MIAMI BEACH FL 33139	Mailing Address C/O ISLAND TRADING CO 825 EIGHTH AVE 24TH FL NEW YORK NY 10019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/07/1993	4. FEI Number 65-0426022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HART, WENDY
STREET ADDRESS	825 EIGHTH AVE., 24TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	MESTEL, LAWRENCE
STREET ADDRESS	825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	VP <input type="checkbox"/> DELETE
NAME	SAULTER, STEPHANIE
STREET ADDRESS	825 EIGHTH AVENUE 24TH FL
CITY-ST-ZIP	NEW YORK NY
TITLE	ST <input type="checkbox"/> DELETE
NAME	FRIEDMAN, MEG
STREET ADDRESS	825 EIGHTH AVENUE 24TH FL
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENDY HART
1.3 STREET ADDRESS	1330 OCEAN DRIVE 4th FL
1.4 CITY-ST-ZIP	MIAMI, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAWRENCE MESTEL
2.3 STREET ADDRESS	4 COLUMBUS CIRCLE 5th FL
2.4 CITY-ST-ZIP	NY, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEPHANIE SAULTER
3.3 STREET ADDRESS	1330 OCEAN DRIVE 4th FL
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SECRETARY, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MEG FRIEDMAN
4.3 STREET ADDRESS	4 COLUMBUS CIRCLE 5th FL
4.4 CITY-ST-ZIP	NEW YORK, NY 10019 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 with an address.

SIGNATURE: Meg Friedman 2/12/98

CR2E034 (10/97)