

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

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065299 (8)**

1. Corporation Name
TRADESOURCE, INC.



Principal Place of Business	Mailing Address
80 SW 8TH ST 20TH FLR MIAMI FL 33130 US	80 SW 8TH ST 20TH FLR MIAMI FL 33130-3047 US

3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0437856	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

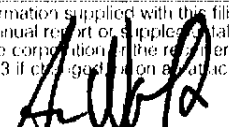
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFSON, ALAN 80 SW EIGHTH ST 20TH FL MIAMI FL 33130	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

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 - 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	NAME	11. TITLE	12. NAME
DPST	WOLFSON, ALAN		
STREET ADDRESS	80 SW 8 ST, 20 FLOOR	13. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14. CITY - ST - ZIP	
		2.1. TITLE	2.2. NAME
		2.3. STREET ADDRESS	2.4. CITY - ST - ZIP
		3.1. TITLE	3.2. NAME
		3.3. STREET ADDRESS	3.4. CITY - ST - ZIP
		4.1. TITLE	4.2. NAME
		4.3. STREET ADDRESS	4.4. CITY - ST - ZIP
		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 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; the register 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 designated on an attachment with an address.

SIGNATURE:  2-26-97 954927 7447

CR2E034 (9/96)