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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065299

1. Corporation Name: TRADESOURCE, INC.

Principal Place of Business / Mailing Address:
80 SW 8TH STREET
20TH FLR
MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/17/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business: 21 409 W.Hallandale Bch Blvd
Suite, Apt. #, etc: 22 212
City & State: 23 ~~Hallandale, FL~~
Zip: 24 33009 Country: 25 USA

2a. Mailing Address: 26 409 W.Hallandale
Suite, Apt. #, etc: 27 212
City & State: 28 ~~Hallandale, FL~~
Zip: 29 33009 Country: 30 USA

9. Name and Address of Current Registered Agent

WOLFSON, ALAN
80 SW 8IFHTH ST
20TH FL
MIAMI, FL 33130

10. Name and Address of New Registered Agent

81 Name: ~~Alan Wolfson~~
82 Street Address (P.O. Box Number is Not Acceptable): 409 W. Hallandale Beach Blvd
83 Suite 212
84 City: Hallandale FL 85 Zip Code: 33009

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] ALAN WOLFSON 2-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Founder / Director	☐ DELETE
NAME	Alan Wolfson	
STREET ADDRESS	409 W. Hallandale Beach Blvd	
CITY-ST-ZIP	~~Suite 212~~ Hallandale, FL 33009	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	☑ Change ☐ Addition
1 2 NAME	ALAN WOLFSON	
1 3 STREET ADDRESS	409 W Hallandale Bch Blvd SUITE 212	
1 4 CITY-ST-ZIP	Hallandale, FL 33009	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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: [signature] ALAN WOLFSON 2-27-98 954 927 7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #