

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076362 (1)

1. Corporation Name

NEWSOURCE SECURITIES, INC.



Principal Place of Business

Mailing Address

9400 S. DADELAND BLVD
STE 508
MIAMI FL 33156
US

12845 SW 69 COURT
MIAMI FL 33156

3. Date Incorporated or Qualified 11/04/1993	3a. Date of Last Report 04/21/1995
4. FEI Number 65-0447190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 9400 S. Dadeland Blvd
22 City & State	27 508
23 Zip	28 MIAMI FL
24 Country	29 33156
25	30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDNER, SCOTT
12845 SOUTHWEST 69 CT.
MIAMI FL 33156

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1. TITLE	
NAME	BUDNER, SCOTT DAVID	12. NAME	
STREET ADDRESS	12845 SOUTHWEST 69 CT	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14. CITY-ST-ZIP	
TITLE	CEO	2. TITLE	
NAME	CUTLER, GLENN ROBERT	22. NAME	
STREET ADDRESS	540 BRICKELL KEY DR # 603	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24. CITY-ST-ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

305 670 4440

DATE

Daytime Phone #

CR2E034 (12/95)