

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham ¹ Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000018234 (2)**

1. Corporation Name
BEST SOURCE MARKETING, INC.



Principal Place of Business 4041 S.W. 5TH TERRACE MIAMI FL 33134	Mailing Address 4041 S.W. 5TH TERRACE MIAMI FL 33134-2052
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3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0478417	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**MENENDEZ, MAYDA
4041 S.W. 5TH TERRACE
MIAMI FL 33134**

10. Name and Address of New Registered Agent	
81 Name FERNANDEZ SUSAN E.	
82 Street Address (P.O. Box Number is Not Acceptable) 4041 SW 5TH TERRACE	
83	
84 City Miami	85 Zip Code 33134

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 *Susan E Fernandez* **SUSAN E FERNANDEZ, President** 4-23-97
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	P	<input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, MAYDA A.	
STREET ADDRESS	4041 SW 5TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEREZ, ERNESTO	
STREET ADDRESS	4041 SW 5TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ROSA M	
STREET ADDRESS	4041 SW 5TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33134	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERNANDEZ SUSAN E.	
1.3 STREET ADDRESS	4041 SW 5TH TERRACE	
1.4 CITY - ST - ZIP	MIAMI FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Rosa M Fernandez* **ROSA M FERNANDEZ** 3/21/97 (205) 445-1150
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)