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 # P95000036248 (9)

1. Corporation Name
CHEMSOURCE INTERNATIONAL, INC.

Principal Place of Business
334 MINORCA AVENUE STE 200
CORAL GABLES FL 33134

Mailing Address
334 MINORCA AVENUE STE 200
CORAL GABLES FL 33134

2. Principal Place of Business
21 10140 S. W. 132 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida 33186
Zip 24 Country 25

2a. Mailing Address
26 10140 S. W. 132 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida 33186
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report:

4. FEI Number: 65-0593596 — [ ] 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 [X] No

9. **Name and Address of Current Registered Agent**
BRIDGES, ROGER A
334 MINORCA AVENUE STE 200
CORAL GABLES FL 33134

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

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 OF REGISTERED AGENT ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	BRIDGES, ROGER A	
STREET ADDRESS	334 MINORCA AVENUE STE 200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D-P	[ ] Change [X] Addition
1 NAME	OLIVE DaCOSTA	
1 STREET ADDRESS	10140 S. W. 132 Avenue	
1 CITY-ST-ZIP	Miami, Florida 33186	
2 TITLE	S/T	[ ] Change [X] Addition
2 NAME	KELLY DaCOSTA	
2 STREET ADDRESS	10140 S. W. 132 Avenue	
2 CITY-ST-ZIP	Miami, Florida 33186	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Olive DaCosta OLIVE DaCOSTA 3/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #