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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State  1996  DIVISION OF CORPORATIONS													
D 1.	DOCUMENT # P95000052765 (1) 1. Corporation Namie												
	INVESTMENT SOURCES, INC.												
Principal Place of Business Mailing Address													
	% HOLDING CAPITAL 104 CRANDON BLVD KEY BISCAYNE FL 331	ROOM 419	104 CRANDON BI	% HOLDING CAPITAL GROUP, INC. 104 CRANDON BLVD., ROOM 419 KEY BISCAYNE FL 33149					0 (6)	la bir	-411		
								9. Date incom 07/05/	oorated or Qualified 1995	3a. Date	or Last	Heport	
	Principal Place of Bus	2a. Mailing Address	i. Mailing Address				4. FEI Numbe	er		T	Applied For		
21	C. 3. A.1 # -1-	26						65-	059666	-7		Not Applicable	
22	Suite, Apt. #, etc.	te, Apt. #, etc Suite, Apt. #, etc <b>27</b>						5. Certificate	of Status Desired			75 Additional 3 Required	
23	City & State	& State City & State						•	mpaign Financing Contribution			.00 May Be ded to Fees	
24	Zip	Country Zip Co 25 30											
24	24   25   29   30   30   30   30   30   30   30   3							L	Address of New F		gent		
			81	Name					<u></u>				
GALAN, MARIA J						Street	Addres	ss (P.O. Box Nun	nber is Not Acceptat	ole)			
104 CRANDON BLVD.						Oliooti				-,			
ROOM 419													
KEY BISCAYNE FL 33149						City				FL	85	Zip Code	
11	. Pursuant to the prov	visions of Sections 607.0502	and 607.1508, Florida St	tatutes, the ab	COLD DAG-L	named co	orporat	tion submits this	statement for the pur	pose of cha	JL nging it register	s registered office	
	familiar with, and ac	or both, in the State of Florid cept the obligations of, Section	on 607.0505, Florida Stat	tutes.	ООГР	Oranoria	Doard	or directors. The	гору ассорт те арр	ORIGINAL ES	ogistei	So agont. Fam	
SIC	SNATURE. Sonature for	ped or printed name of registered agent a	and the if applicable	(NOIL Registere	n Apen	t signature r	eautred w	vhen reinslation		DATE			
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C-TY-ST-ZP

14. To 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that I am an officer of director of the doporation 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 Florika is if changes, or on an attachment with an address. (3.5)361-8864 Steven Leisc SIGNATURE: