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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 | DIVISION OF COI | RPORATIONS | | |
|--|---|---|--|--|
| 1. Corporation Name | 00066731 (7) | | | |
| SOURCE TECHNOLOGY INTER | RNATIONAL, INC. | | L 1884/881 (NO 1818) 88/10 88/10 88/10 88/10 88/10 | A BANKI BANKA BINKI BUSH IBBAR KWAN KIRI 1888 |
| Principal Place of Business | Mailing Address | | | |
| 1132 N.E. 176TH TERRACE | 1132 N.E. 176TH TERRACE | | | |
| N MIAMI BEACH FL 33162 | N MIAMI BEACH FL 33162 | | | |
| | | | 3. Date Incorporated or Qualified 08/28/1995 | 3a. Date of Last Report |
| 2. Principal Place of Business | 2a. Mailing Address | u omprem | 4. FEI Number | Applied For |
| [21] | 26 39 N.W. 166T Suite, Apt. #, etc. | H STREET | 65-0619168 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. | 27 SUITE 5 & 7 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State 28 MIAMI, FL | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip Country | Zip | Courtry | 8. This corporation has liability for | |
| 24 25 | 29 33169 3 | USA | | No |
| 9. Name and Address of Cu | rrent Registered Agent | 81 Name | 10. Name and Address of New F | |
| DITINGTON MADEL | | JŲ. | JLIO C. CABRERA, CPA ddress (P.O. Box Number is Not Acceptal | No. |
| BLUMSTEIN, MARK I 1815 GRIFFIN ROAD | | B2 Street A | Odress (P.O. Box Number is Not Acceptate N.W. 166TH STREET SU | ITES 5 & 7 |
| SUITE 403 | | 63 | | |
| HOLLYWOOD FL 33004 | | 84 City | | 85 Zip Code |
| | ·) | l MT | AMI | 1 −1 33160 |
| Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of familiar with, and accept the obligations of. | 0502 and 607,1508, Florida Statutes, t Florida. Such change was authorized b | the above-named cor by the corporation's b | rporation submits this statement for the pu board of directors. I hereby accept the app | rpose of changing its registered office iointment as registered agent. I am |
| familiar with, and accept the obligations of | Section 607.0505, Florida Statutes. | | . , , , , , | 2/2/92 |
| SIGNATURE Shipature typed or printed note of registreed | a sect and title if applicable (NOTE F | kgistered Agent signaturu roo | quired when reinstating) | DATE |
| | AND DIRECTORS | 13. | | ICERS AND DIRECTORS IN 12 |
| 10.E D | ☐ DELETE | 1 1 TI LE | • | Change Addition |
| NAMI SCHLESINGER, MICHAEL | | 1.2 NAME | | |
| STREET ADDRESS 1132 N.E. 176TH TERRA | | 1.3 STREET ADDRESS | | |
| CITY: S1-7IP N MIAMI BEACH FL 3316 | 52 FI DELETE | 1.4 CITY-ST-ZIP 2.1 TIFLE | n/n | Change Y Addition |
| LILE NAME | □ vtreit | | D/P | □ V ¬ · · · · · · · · · · · · · · · · · · · |
| STREET ADDRESS | | 2 3 STHEET ADDRESS | MITCHELL LOMBARD 5228 LINCOLNSHIRE COU | IRT . |
| CBY ST ZP | | 2 4 C("Y-ST-Z(P | DALLAS, TX 75287-5427 | |
| THEF | ☐ DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3 2 NAME | | |
| STREET ADORESS | | 3.3 STREET ADDRESS | | |
| CITY-SI-7IF | DELETE | 3 4 CITY - \$1 - ZIP | | Change Addition |
| THE | Florrese | 4 1 THILE 4.2 NAME | | C) 5.20mgs C) 7.40masi |
| NAME STREET ADDRESS | | 4.3 STREET ADDRESS | | • |
| CITY - ST - ZP | | 44 CITY-ST-ZIP | | |
| THE | ☐ DELETE | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | | |
| CHY-ST-ZIP | | 5.4 CI1Y - 51 - ZIP | | Change Addition |
| TILLE | ☐ D€LETE | 6.1 TILLE 6.2 NAME | | Claude Dispersion |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| 4 SUBJECT MADING STOLE | | 0.0.07 | | |

14. Lot hereby certify that the information supplied with this filing is voluntarily turnished 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 personal contents of 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 13.1 changes of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL LOMBARD

2411-025-115