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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000020721 (2)

REAL SOURCE, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			BHY ODING HOOSE HIGH INDY
36 N.E. FIRST STREET SUITE 345. SEYBOLD BLDG. MIAMI FL 33132	36 N.E. FIRST STREET SUITE 345. SEYBOLD BLDG MIAMI FL 33132		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	\$ \$PACE
			03/06/1996	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		65-0647346	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Z _{IP}	Country	Trust Fund Contribution	Added to Fees
Zip Country 25	29 30	¬	 This corporation owes or has paid the corporation of the personal Property Tax due June 30. 	urrent year Intangible ☐ Yes ☐ No
	Current Registered Agent	<u>, </u>	10. Name and Address of New Registered	
CORPORATION SERVICE COMPANY B1 Name			COVAN PMEL	171
1201 HAYS STREET		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	17 17
TALLAHASSEE FL 32301-2525		Oliogi Mad	areas (1.0. Box Humbor to Het Accoptable)	
, , , , , , , , , , , , , , , , , , ,		⁸³ 6061	COLLIN'S AVE A	ADI
		84 City		85 Zip Code
		M	JAMI FI	- 33/46
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, typic the protein name of injection is agent and the if apply able (NOTE: Registered Agent signature required when reinstating) DATE OPTION OF THE PROPERTY OF THE PROP				
			ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	RS AND DIRECTORS DELETE	13.	NS	Change Addition
NAME MURILLO, CARLOS	Lad Others	12 NAME	FEEVAN. P. MEHTA	4.00.2.0
STREET ADDRESS 36 N.E. FIRST STREET, SEYBOLD BLDG., #345		1.3 STREET ADDRESS	OGI COLLIN'S AVE BY 10	
CITY-ST-ZIP MIAMI FL 33132	, 02,0025 5250, 1010	1 -	114M1 FL 33140	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME			SEEVAN P. MEHTA	
STREET ADDRESS				la4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NIAMICE 33/10	
TITLE	☐ DELETE	3.1 TITLE		Change
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY+ST-ZIP		Change Addition
TITLE	Deter	4.1 TITLE		E cusude D voquani
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS 4.4 City-St-Zip		
CITY-ST-ZIP	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		_ , _
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CiTY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	j	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.