

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

APPROVED
AND
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97 AUG 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041968 (4)

1. Corporation Name
PRO-SOURCE SOLUTIONS, INC.



Principal Place of Business

815 NW 57TH AVE. STE. 304
MIAMI FL 33126-2042

Mailing Address

815 NW 57TH AVE. STE. 304
MIAMI FL 33126-2042

2. Principal Place of Business

21 999 S.E. 5th Street

Suite, Apt. #, etc.

22 Fourth Floor

City & State

23 Miami FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 999 S.E. 5th Street

Suite, Apt. #, etc.

27 Fourth Floor

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

4. FEI Number

65-0676430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LEVI, RAIMUNDO
815 NW 57TH AVE., STE. 304
MIAMI FL 33126-2042

10. Name and Address of New Registered Agent

81 Name Michael A. DeCarlo, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1435 BLUE Rd.

83

84 City Coral Gables

FL

85 Zip Code 33146

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, typed or printed name of registered agent and title if applicable

MICHAEL A. DeCarlo, Jr. President

8/22/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE All Positions
NAME LEVI, Raimundo
STREET ADDRESS 815 NW 57th Ave STE 304
CITY-ST-ZIP Miami, Florida

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR, President, Treasurer
1.2 NAME MIKE DE CARLO
1.3 STREET ADDRESS 1435 BLUE Rd.
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33146

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME DULCE M. DeCarlo
2.3 STREET ADDRESS 1435 BLUE ROAD
2.4 CITY-ST-ZIP CORAL GABLES, FL. 33146

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME 65-15-97 97291 035
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 165-00

☐ Change

☐ Addition

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 of Michael A. DeCarlo, Jr. President

Director Revised 8/22/97

CR2E034 (9/96)