

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -9 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061968 (9)

1. Corporation Name
EZ SOURCE INC

Principal Place of Business

Mailing Address

7925 NW 12 STREET
SUITE 324
MIAMI FL 33126

7925 NW 12 STREET
SUITE 324
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1521 Alton Road	26 Same as	07/24/1996	
22 Suite, Apt. #, etc. # 82	27 Suite, Apt. #, etc. above	4. FEI Number	Applied For Not Applicable
23 City & State Miami Beach, Florida	28 City & State	65-0681177	
24 Zip 33139	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country Dade	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKMAN, EDSON
7925 NW 12 STREET
SUITE 324
MIAMI FL 33126

81 Name
SARPA, FABIO

82 Street Address (P.O. Box Number is Not Acceptable)
9531 FOUNTAINEBLEAU BLVD. # 317

83

84 City
MIAMI

FL

85 Zip Code
33172

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	BECKMAN, EDSON	
STREET ADDRESS	7925 NW 12 ST, #324	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SARPA, FABIO	
STREET ADDRESS	7925 NW 12 ST, #324	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800002317458--6
1.4 CITY-ST-ZIP	-10/10/97--01073--026
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/T/S
2.3 STREET ADDRESS	SARPA, FABIO
2.4 CITY-ST-ZIP	9531 FOUNTAINEBLEAU BLVD. # 317
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIAMI, FLORIDA 33172
3.3 STREET ADDRESS	VICE-PRESIDENT
3.4 CITY-ST-ZIP	ATKINS, DONALD E.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	234 MERIDIAN AVENUE #2.
4.3 STREET ADDRESS	MIAMI, BEACH, FLORIDA 33139
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

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: V

SIGNATURE REQUIRED

10/7/97

workman 2/96

CR2E034 (4/97)