05051999-90006-039-$150.00-$150.00

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90006 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000061968**

1. Corporation Name
EZ SOURCE INC

Principal Place of Business	Mailing Address
1521 ALTON ROAD #82 MIAMI BEACH FL 33139	1521 ALTON ROAD #82 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2332 NE 2ND AVE, #1 Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33137 Country 25	2a. Mailing Address 26 2332 NE 2ND AVE, #1 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33137 Country 30

3. Date Incorporated or Qualified: 07/24/1996

4. FEI Number: 65-0681177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SARPA, FABIO
234 MERIDIAN AVE #2
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: TIMOTHY BENJAMIN
82 Street Address (P.O. Box Number is Not Acceptable): 2332 NE 2ND AVE, #1
83
84 City: MIAMI FL 85 Zip Code: 33139

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: _____ DATE: 5/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	☒ DELETE	1.1 TITLE	J. ROD MARTIN PS	☒ Change ☐ Addition
NAME	SARPA, FABIO		1.2 NAME		
STREET ADDRESS	9531 FOUNTAINEBLEAU BLVD., #317		1.3 STREET ADDRESS	2332 NE 2ND AVE #1	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	☒ DELETE	2.1 TITLE	TIM BENJAMIN T	☒ Change ☐ Addition
NAME	ATKINS, DONALD E		2.2 NAME		
STREET ADDRESS	234 MERIDRAM AVENUE., #2		2.3 STREET ADDRESS	2332 NE 2ND AVE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATKINS, DENISE		3.2 NAME		
STREET ADDRESS	110 GENERAL JACKSON LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HERITAGE TN 37076		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ 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			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), 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, with all other like empowered.

SIGNATURE: _____ 4/22/99 305 572-0305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)