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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077026 (8)

NEW SOURCE USA INC.

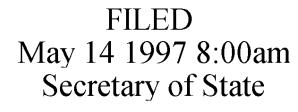
Principal Place of Business Mailin

255 ALHAMBRA CIRCLE #715 255 AL

CORAL GABLES FL 33134 CORAL

Mailing Address

255 ALHAMBRA CIRCLE #715 CORAL GABLES FL 33134-7404



3a. Date of Last Report



3. Date Incorporated or Qualified

09/11/1996

| - | Place of Business | 2a, Mailing Ad | ddress | | | 4. FEI Number 65-0716126 | Applied For | |
|--|--|--|--|------------------------------|---|---|---------------------------------------|--|
| 21 | 4 010 | 26 | | | | | Not Applicable | |
| Sulte, Apt. | | Suite, Apt. | #, elc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | e | City & Stat | te | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Ζίρ | | Country | | 8. This corporation has liability for intangible ta | | |
| 24 25 29 30 | | | | | | Florida Statutes | | |
| g, Name and Address of Current Registered Agent WINA GEORGE | | | | | · | 10. Name and Address of New Registered Agent | | |
| 255 ALHAMBRA CIRCLE #715 | | | | | Name | | | |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| CORAL GABLES FL 33134 | | | | - | 83 | | | |
| | | | | 63 | | | | |
| | | | | 84 | City | P1 | 85 Zip Code | |
| 44 Purcuant | to the provisions of Sections 607 0603 | and CO7 15:00 Fla | orida Ctatuta | n the shaw | | FL | | |
| 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 registored 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 registored | | | | | | | | |
| | im familiar with, and accept the obligat | ons of, Section 60 | 07.0505, Flor | ida Statutes | 5. | | 5 | |
| SIGNATURE | Signature, typed or printed name of registered agent | and little of sont cable | (NOTE | Registered Age | ol Exmeture recoins | od when reinstating) OAT | | |
| 12. | OFFICERS AND | | (non | 13. | or a grantie require | ADDITIONS/CHANGES TO OFFICERS AND D | IRECTORS IN 12 | |
| TITLE | | | DELETE | 1.1 TITLE | PI | | RECTORS IN 12 Change Addition | |
| NAME | | | | 1.2 NAME | | orges, Paulo | | |
| STREET ADDRESS | | | | 1.3 STREET | ADDRESS 26 | 665 S. Bayshore Dr. Sui | te 902 | |
| CITY-ST-ZIP | | | | 1.4 CITY-S | | iami, FL 33133 | | |
| TITLE | | | DELETE | 2.1 TITLE | S'. | - | Change Addition | |
| NAME | | | | 2.2 NAME | | ctiz, Michael | | |
| STREET ADDRESS | | | | 2 3 STREE1 | | 65 S. Bayshore Dr. Sui | .te 902 | |
| CITY-ST-ZIP | | | | 2. 4 CITY - S | _{II-ZIP} Mi | iami, FL. 33133 | | |
| TITLE | | | DELETE | 3.1 TO LE | | | Change | |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4. CITY - 9 | T-7 P | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | Change | |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CHY-S | - 7IP | | | |
| TITLE | | LJ | DELETE | 5 1 TITLE | | L. | Change Addition | |
| NAME STREET ARRESCO | | | | 5 2 NAME | | | | |
| STREET ADDRESS | | | | 5 3 STREET | 1 | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 5.4 CITY - S 6.1 TITLE | I · ZiP | | Change Addition | |
| NAME | | با | | 6.2 NAME | | L | Change | |
| STREET ADDRESS | | | | | ADDDCCC | | | |
| CITY+ST-ZIP | | | | 6.3 STREET | | | | |
| | by certify that the information supplied | with this filing doe: | s not quality | 6.4 CITY-S | notion stated | in Section 119 07(3)(i) Florida Statutes Lifurther or | erlify that the | |
| informatio I am an ol appears i | n indicated on this annual report or su fficer or director of the comporation or the n Block 12 or Block 13 if chasged, or c | pplemental annual re receiver or trust on an atlachmon | report is tru tee empowe with an addre | ie and accurred to execuses. | rale and that ute this report | in Section 119.07(3)(i), Fiorida Statutes. I further or my signature shall have the same logal offect as if as required by Chapter 607, Florida Statutes; and | made under oath; that that my name | |