

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90024 041 \*\*\*150.00

DOCUMENT # P96000090703

1. Corporation Name  
MICROSOURCE, INC.

Principal Place of Business  
8251 SW 140 CT.  
MIAMI FL 33183

Mailing Address  
8251 SW 140 CT.  
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1996

4. FEI Number  
65-0705855

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

2. Principal Place of Business  
21 8909 SW 113 Place Circle West  
Suite, Apt. #, etc.

2a. Mailing Address  
26 8909 SW 113 Place Circle West  
Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

27 City & State  
28 Miami, FL

24 Zip 33176 Country USA

29 Zip 33176 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCOS, LUIS A  
8909 SW 113 PLACE CIR W  
MIAMI FL 33176

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ARCOS, LUIS A  
STREET ADDRESS 8909 SW 113 PLACE CIR W  
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME DETTBARN, JASON W  
STREET ADDRESS 8251 SW 140 CT.  
CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE  
2.2 NAME Dettbarn, Jason W.  
2.3 STREET ADDRESS 9132 Southern Orchard Rd.  
2.4 CITY-ST-ZIP Davie, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Luis A. Arcos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99  
Date

305-270-1564  
Daytime Phone #

CR2E034 (11/98)

0275708