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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51408

(5)

OFFICE SOURCE SYSTEMS, INC.

## **FILED** May 05 1997 8:00am Secretary of State



Principal Place of Business 10705 SW 55TH STREET MIAMI FL 33165 US		Mailing Address 10705 SW 55TH ST. MIAMI FL 33185-7039 US	10706 SW 55TH ST. MIAMI FL 33165-7039		3. Date Incorporated or Qualified   3a. Date of Last Report			
					07/16/1992		19 or Last 23/1996	nepori
	Place of Business	2a. Mailing Address	-0.0		4. FEI Number		<del></del>	Applied For
	W. 59 PLACE		59 P	LACE	65-0414953			ot Applicable
Suite, Apt. 22	H, OIG	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Sta	LEAH, FL	City & State .	H, FL		Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
<sup>Zip</sup> 24 33€	Country 25 DADE	Zip 29 3.30/2	Country	PPE	8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.032.
	g. Name and Address of Curre	nt Registered Agent		-F	10. Name and Address of New Re	gistered /	Agent	
	rt, warren		81	Name				
	2 S.W. 139TH COURT		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
MIA	MI FL 33183		63				<del></del>	
			84	City			<b>85</b> Zip	Code
	10 22 20 00	00				<u>FL</u>		B
office or agent. It a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig Stylence, specific protections of registered agency protections of registered agency protections.	gent and title it applicable. (NO			red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	PRS IN 12
SIGNATURE  12.  IIIU  NAME	Ple, and chyper of proced read of hegistered ag OFFICERS AN P MITSOUKO, FRIAS	gent and title if applicable. (No	DYE Registered Ager  13.  1.1 TRUE  1.2 NAME	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		PRS IN 12
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Table in the statutes and the information supplied with this principle with the information indicated on this annual report or supplemental equival 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 of 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.