

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000030757 (5)**
1. Corporation Name
RADIANCE, INC.



Principal Place of Business
1101 BRICKELL AVENUE SUITE 1700 MIAMI FL 33131

Mailing Address
1101 BRICKELL AVENUE SUITE 1700 MIAMI FL 33131

2. Principal Place of Business
21 **115 SE 2d ST**
22 **2d FLOOR**
23 **MIAMI FL**
24 **33131-3153**

2a. Mailing Address
26 **PO BOX 110239**
27
28 **MIAMI FL**
29 **33111-0239**

3. Date Incorporated or Qualified **04/19/1995** 3a. Date of Last Report

4. FEI Number **55-0602757** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name **ANGELO P. DEMOS, ESQ**
82 Street Address (P.O. Box Number is Not Acceptable) **1101 BRICKELL AVE STE. 1700**
83
84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the duties imposed by, Sections 607.0505, Florida Statutes.

SIGNATURE *Angelo P. Demos*

12. OFFICERS AND DIRECTORS

TITLE VP	NAME MARIA TZORTZAKIS	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		
TITLE D	NAME TEODORO CONSTANTINO	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		
TITLE VP	NAME NIKOS TZORTZAKIS	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		
TITLE D	NAME ALICIA CONSTANTINO	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		
TITLE SEC	NAME CARLOS GOVANTES	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		
TITLE V.P.	NAME PANAYOTIS CONSTANTINO	<input type="checkbox"/> DELETE
STREET ADDRESS 115 SE 2d ST 2d FLOOR		
CITY-STATE-ZIP MIAMI FL 33131-3153		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.07(3)(b), 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; that I am a resident of Florida or a resident employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on a statement with an affidavit.

SIGNATURE: *Teodoro Constantino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TEODORO CONSTANTINO

2-27-96

CR2E034 (12/95)