

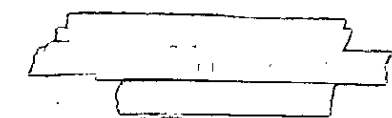
AMENDED

Amended

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030757

1. Entity Name
RADIANCE, INC.



FILED

00 JUL 17 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11/00 901741048 \$61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 115 SE 2ND ST 4 FLOOR MIAMI FL 33131-153	Mailing Address P O BOX 110239 MIAMI FL 33111-0239 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0602757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMOS, ANGELO P
1101 BRICKELL AVE STE. 1700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP CONSTANTINO, TEODORO 115 SE 2D ST 2D FLOOR MIAMI FL	<input type="checkbox"/> Delete	P/D/AS NAME CONSTANTINO, TEODORO STREET ADDRESS 115 SE 2ND ST 2ND FLOOR CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVP CONSTANTINO, ALICIA 115 SE 2ND ST 2ND FLOOR MIAMI FL	<input type="checkbox"/> Delete	VP/D/AS NAME CONSTANTINO, ALICIA STREET ADDRESS 115 SE 2ND ST 2ND FLOOR CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP CONSANTINO, TEODORO 115 SE 2ND ST 2ND FLOOR MIAMI FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS GOVANTES, CARLOS 115 SE 2ND ST 2ND FLOOR MIAMI FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	V TZORTZAKIS, MARIA STREET ADDRESS 115 SE 24 ST 2ND FLOOR CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Carlos Govantes VP 6-8-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4-12-00 DAYTIME PHONE #: (305)594-0450

CR2E034 (9/99)

7/17