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**

DOCUMENT # 200779

Principal Place of Business	
4925 S W 74TH CT	

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90108 026 ***150.00

 Corporation 	RADING CORPORATION					. 1881:88 (1158 / 1871	81 (2 () 8 1821 8 1	(A): \$)\$(0: 2()	81811 A1811 (8 4 1
Principal Place	e of Business	Mailing Address					81 JEJI BIBIL BI		ACALL BIANT TABL
4925 S W 74TH		16200 S W 88 AVE ROAD							
MIAMI FL 33155 MIAMI FL 33157						DO NOT WRIT	E IN THIS	SPACE	
US						3. Date Incorporated or Qualifed			
					ļ	04/21/1972			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		_ 	oplied For
21						59-1402211			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<u> </u>	\$8.75 /	Additional equired -
22		City & State				6 Flories Compaign Financing			May Be
City & State		28	_			Election Campaign Financing Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation owes the curre	ent year Inta		
24	25	29 30	<u> </u>			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New R	egistered /	<u>ag</u> ent	
HUG	H-SAM, ROSE		61	Name					
}	0 SW 88 AVE. RD.		82	Street /	Addres	ss (P.O. Box Number is Not Accepta	ble)		
	AI FL 33157		83						
••••									
			84				FL		Code
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was auth	onzea by	tne corpo	corpor pration	ation submits this statement for the 's board of directors. I hereby accep	purpose of t the appoir	changing its itment as re	registered gistered
SIGNATURE	Trialina man and accopt the congain								
	Signature, typed or printed name of registered agent			nt signature re	equired w	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	7RS IN 12
12.	D\$T	DELETE	13.		VP	S T		Change	Addition
	HUGH-SAM, DAVID	- October	1.2 NAME		4	gh-Sam David S Brickell Ave.			_
NAME STREET ADDRESS	16200 SW 88 AVENUE RD			ADDRESS	7,00	E Brickell Ave.	Apt.	308	
CITY-ST-ZIP			1.4 CITY-S		Mi	mi FL 33129			- 1
TITLE	DP	☐ DELETE	2.1 TITLE					Change	Addition
NAME	HUGH-SAM, ROSE		2.2 NAME						}
STREET ADDRESS	16200 SW 88 AVE. RD.		2.3 STREE	TADORESS					
C/TY-ST-ZIP	MIAMI FL		2.4 CITY-5	T-ZIP			°-,		
TITLE	VP	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	PINTO, CARMEN		3.2 NAME						1
STREET ADDRESS	9801 SE 73RD CT		3.3 STREE	TADDRESS		,			į
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP	-			["]Chanca	Addition
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP		DELETE	4.4 CITY-S	1-212				Change	Addition
TITLE		- Detecte	5.1 IIILE 5.2 NAME						_
NAME STREET ADDRESS			5.3 STREE	TADORESS .					
CITY-ST-ZIP			5.4 CITY-S	i					
TITLE	•	☐ DELETE	6.1 TITLE					Change	Addition
NAME		'	6.2 NAME						j
STREET ADDRESS			6.3 STREE	T ADDRESS					-
OFF. 07 310			6.4 CITY-S	T-7IP					İ

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: