

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 471078

(6)

1. Corporation Name

RADOSTIN, INC.



2. Principal Place of Business

2699 S. BAYSHORE DR., SUITE 700-A
MIAMI FL 33133

2a. Mailing Address

2699 S. BAYSHORE DR., SUITE 700-A
MIAMI FL 33133

3. Date Incorporated or Qualified

01/30/1975

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0122578

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

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPCO, INC.

2699 S. BAYSHORE DR., SUITE 700-A
MIAMI FL 33133

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD	☐ DELETE
STREET ADDRESS	STATON, EVA	
CITY, STATE, ZIP	2699 S BAYSHORE DR 700-A	
MIAMI FL		
NAME	SDT	☐ DELETE
STREET ADDRESS	STATON, WOODS W., II	
CITY, STATE, ZIP	2699 S BAYSHORE DR 700-A	
MIAMI FL		
NAME	AS	☐ DELETE
STREET ADDRESS	CORPCO, INC.	
CITY, STATE, ZIP	2699 S BAYSHORE DR 700-A	
MIAMI FL		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, but 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.

SIGNATURE:

EVA H. STATON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVA STATON, President

CR2E034 (12/95)