

AMENDED REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Amended AR
FILED

96 OCT 28 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F35151 (2)
1. Corporation Name

Radiator King, Inc.

Principal Place of Business	Mailing Address
201 N.W. 37th Street Miami, Florida 33127	201 N.W. 37th Street Miami, Florida 33127

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5/18/1981	6/9/1995
22 City & State	27 City & State	4. FEI Number	Applied For Not Applicable
23 Zip	28 Zip	59-2091931	
24 Country	29 Country	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Burke, June 7300 SW 72nd Ct. Miami, FL 33143	81 Name Daniel Michael 82 Street Address (P.O. Box Number is Not Acceptable) 201 NW 37th Street 83 84 City Miami, FL 85 Zip Code 33127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 9/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDs
NAME	Burke, June	1.2 NAME	Michael, Daniel
STREET ADDRESS	7300 SW 72nd Ct.	1.3 STREET ADDRESS	201 N.W. 37th Street
CITY-ST-ZIP	Miami, FL 33143	1.4 CITY-ST-ZIP	Miami, FL 33127
TITLE	S	2.1 TITLE	
NAME	Burke, Joseph	2.2 NAME	
STREET ADDRESS	7300 SW 72nd Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 67, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 9-23-96 DAYTIME PHONE: 305 573-4299

CR2E034 (3/96)