FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F60187 (4)

1. Corporation Name
RADELCO EQUIPMENT CORP.

Principal Place of Business	Mailing Address
12811 S.W. 43RD TR. #123A MIAMI, FL 33175	12811 S.W. 43RD TR. #123A MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1981
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (20)
4. FEI Number: 59-2181041 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

QUESADA, G. FRANK
747 PONCE DE LEON BLVD STE #610
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1313 PONCE DE LEON BLVD
83 SUITE 200
84 City: CORAL GABLES FL 85 Zip Code: 33134

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, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VP~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~ALICIA, SANTA-CRUZ~~	1.2 NAME	
STREET ADDRESS	~~19910 SW 188 ST~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 00000~~	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	PERNAS, DELFIN E	2.2 NAME	
STREET ADDRESS	12811 SW 43RD DR 122A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	QUESADA, G. FRANK	3.2 NAME	
STREET ADDRESS	747 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	PERNAS, DELIA	4.2 NAME	
STREET ADDRESS	12811 SW 43RD TR. 123A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V.P. ☐ Change ☐ Addition
NAME		5.2 NAME	DELFIN PERNAS
STREET ADDRESS		5.3 STREET ADDRESS	11865 S.W. 76 ST B-14
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE		6.1 TITLE	TREAS. ☐ Change ☐ Addition
NAME		6.2 NAME	CARMEN PERNAS
STREET ADDRESS		6.3 STREET ADDRESS	11865 S.W. 76 ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33175

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)(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.

SIGNATURE: _____ 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100423 CP