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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # F60187

(4)

RADELCO EQUIPMENT CORP.

FILED Feb 03 1998 8:00am Secretary of State

12811 S.W. 43RD TR. #123A 12811 S.W. 43RD TR. #123A MIAMI. FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1981 2a. Mailing Address 2a. Mailing Address 4. FEI Number Applied For	RADELCO EQUIPMENT CORP.				
MAMI. Ft. 33175 A Does incorporation of Qualified and Company of Company Francing St. (Company Franc	Principal Place of Business	Mailing Address		- 1 600 (100 (110 0) (11 00 0) (1 (100) 19) (1 100)	HABER MINDER DINDIK DINDIK NINDIK MINDER ANDER
2. Principal Piloce of Business 2a, Mailing Address 4, EE Number Applied For 21 28 Suite, April 4, etc. 29 Suite, April 4, etc. 22 27 City & State	12811 S.W. 43RD TR. #123A 12811 S.W. 43RD TR. #12		23A	DO NOT WRITE I	N THIS SPACE
2. Principal Piloce of Business 2a, Mailing Address 4, EE Number Applied For 21 28 Suite, April 4, etc. 29 Suite, April 4, etc. 22 27 City & State				3. Date Incorporated or Qualified	
22. Maling Address 2a. Maling Address 2b. Malin				'	
Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 29 City & State 20 City & State 21 City & State 22 City & State 23 City & State 24 City & State 25 City &	2. Principal Place of Business	2a. Mailing Address			Applied For
Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 29 City & State 20 City & State 21 City & State 22 City & State 23 City & State 24 City & State 25 City &	21	26		59-2181041	Not Applicable
City & State 23 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
20 20				5. Certificate of Status Desired	Fee Required
Zip Country Zip Country Subscriptation owes on has paid the current year inlangible Personal Property Tax diau June Subscriptation owes on has paid the current year inlangible Personal Property Tax diau June Subscriptation S		├ ┐ ′		1 -	
Section Sect			1 6		
B. Name and Address of Current Registered Agent OUESADA, G. FRANK 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134 4 City FL 64 City FL 65 Zip Code 41. 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 agent. I am familiar with, and eccept the obligations of, Section 607 0505, Priorida Statutes, the above-named corporations ubmits this statement for the purpose of changing its registered agent. I am familiar with, and eccept the obligations of, Section 607 0505, Priorida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE PRINAS, DELFIN 12. NAME PERNAS, DELFIN 11. STREET ADDRESS CITY-ST-2P MIAMI, FL 00000 DELETE 12. TITLE PRINAS, DELFIN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. Change Addition 14. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Addition 19. DELETE 10. TITLE PRINAS, DELFIN 11. STREET ADDRESS CITY-ST-2P MIAMI, FL 00000 DELETE 31. TITLE Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Addition 19. DELETE 19. DELETE 19. DELETE 10. TITLE Change Addition 19. Chang	─ ·	· ·	_	•	
OUESADA, G. FRANK 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuint of the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the opporation submits this statement for the propose of changing is registered office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.6505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.6505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.6505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of section 607.6505, Florida Statutes, and accept the obligations of sections of secti			[30]		
1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		- Constitution regions	81 Name	10, ((a)) - 10, ((a))	
SUITE 200 CORAL GABLES FL 33134 83 84 CITY FL 85 ZIP Code 11. Purguent 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 agent, or both, in the State of Florida. Statutes, the above named corporation's board of directors. Thereby accept the opporationent as registered agent, or both, in the State of Florida. Statutes. SIGNATURE Seguillar in a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DIRECTORS IN 12 TITLE PRINAS, DELFIN 11865 S.W. 26 ST B-14 1.3 STREET ADDRESS CITY-ST-ZP MIAMI, FL 00000 1.4 DELETE 1.3 TITLE PRINAS, DELFIN E 122 INTILE DIRECTORS IN 12 2.3 SIRRET ADDRESS CITY-ST-ZP MIAMI, FL 00000 1.4 DELETE 3. TITLE DIRECTORS CITY-ST-ZP CORAL GABLES, FL 00000 1.5 STREET ADDRESS CITY-ST-ZP CORAL GABLES, FL 00000 1.5 STREET ADDRESS CITY-ST-ZP CORAL GABLES, FL 00000 1.5 STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 5. TITLE THE DIRECTORS STREET ADDRESS CITY-ST-ZP MIAMI, FL DELETE 6. TITLE Change Addition DELETE 5. TITLE Change Addition Change Cha					
CORAL GABLES FL 33134 85			82 Street Addr	ess (P.O. Box Number is Not Acceptable))
### City ### Display 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, 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, 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, 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, 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, or both and accept the obligations of Section 607 (0505). Florida Statutes. ### STATE OFFICERS AND DIRECTORS ### STATE OFFICERS AND DIRECTORS ### STATE OFFICERS AND DIRECTORS IN 12 ### In Title ### PERNAS, DELFIN ### 1885 S.W. 28 ST B-14 ### In STATE OFFICERS AND DIRECTORS IN 12 ### In Title ### PERNAS, DELFIN E ### In Title ### DELETE ### In Title #			83		
1. Pursuent to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both agent age	CORAL GABLES FL 33 134				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation's barder office or replated agent, or both, in the State of Florids. 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			84 City		FI 85 Zip Code
12.	office or registered agent, or both, in the State	of Florida. Such change was	authorized by the corporati	oration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered
12.	SIGNATURE				
TITLE	Signature, typed or printed name of registered again				
NAME PERNAS, DELFIN 12 NAME 13 STREET ADDRESS 11885 S.W. 28 ST B-14 13 STREET ADDRESS 11805 S.W. 28 ST B-14 13 STREET ADDRESS 11807 S.P. 2P MIAMI, FL 00000 14 CITY-ST-ZIP TITLE P				ADDITIONS/CHANGES TO OFFICE	
STREET ADDRESS 11865 S.W. 26 ST B-14	***				Change Addition
MIAMI, FL 00000	,				
DELETE			1		
NAME PERNAS, DELFIN E 22 NAME 23 STREET ADDRESS 12811 SW 43RD DR 123A 23 STREET ADDRESS 24 CITY-ST-ZIP		DELETE			Change Addition
12811 SW 43RD DR 123A 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	•				
CITY-ST-ZIP MIAMI, FL 00000					
TITLE D DELETE 31 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 00000 3.4 CITY-ST-ZIP			1		
STREET ADDRESS 747 PONCE DE LEON BLVD 33 STREET ADDRESS		DELETE			Change Addition
STREET ADDRESS 747 PONCE DE LEON BLVD 33 STREET ADDRESS	NAME QUESADA, G. FRANK		3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE S			3.4. CITY - ST - ZIP		
12811 SW 43RD TR. 123A		DELETE	4.1 TITLE		Change Addition
CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP TITLE T DELETE 5.1 TITLE Change Addition NAME PERNAS, CARLOS 5.2 NAME STREET ADDRESS STREET ADDRESS S.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S.4 CITY-ST-ZIP ITITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 62 NAME Addition Addition Addition	NAME PERNAS, DELIA		4. 2 NAME	·	
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	STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.5 A Parable portific that the information overline that the information of the complete control of the control of					

4. 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 is supplied 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 chapted, or on an automorphic with an address.

CIGNATURE WORL COTORNAL

Tree 1/2/00