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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90053 029 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F60187 1. Corporation Name

RADELCO EQUIPMENT CORP.

Principal Place	e of Business	Mailing Address				1 1001100 111E-11111 90101 11	. W W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.B1) BIB)( BIB)( 1	18 <b>0</b> 13 <b>0</b> 1011 (00)	
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MIAMI. FL 3317.	3	MIMMIL FE 33173				DO NOT	WRITE IN THIS	SPACE		
					3	Date Incorporated or Qua				
2 Principal P	lace of Business	2a. Mailing Address			4	FEI Number		An	plied For	١.
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.					, mi .	\$8.75		1 (
22		27			5	5. Certifcate of Status Desire	ed 🗀 🖣	Fee Re	quired	
City & State	е	City & State			6	Election Campaign Finan	cing .	\$5.00	May Be	
23		28			-	Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Country	<i>(</i>	8	This corporation owes the	current year Into			
24	25	<del></del> +	30			Personal Property Tax.  Name and Address of N	low Posistered	Yes	□No	┤ `
	9. Name and Address of Curren	t Registered Agent	81	Name	10	). Name and Address of N	iem Kedistelen v	Agent		ł
	SADA, G. FRANK		82		ress (	(P.O. Box Number is Not Ac	ceptable)			
1313 PONCE DE LEON BLVD SUITE 200					2 100 Sept 140/1807 10 (1407/1000)				-1	]
			83							
· COR	AL GABLES FL 33134		84	City		4 (7), (4) (4) (7) (4)	25 (1	85 Zip (	Code	1
	to the provisions of Sections 607.050						<u>FL</u>			]
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporat	ion's t	poard of directors. I hereby	accept the appoir	ntment as re	gistered	
agent. I a		tions of, Section 607.0505, Flori	ida Statute:	<b>5.</b>	:	2	DATE		· .	
agent. I a	m familiar with, and accept the obligat  Signature, typed or printed name of registered agen  OFFICERS AN	tions of, Section 607.0505, Flori	Registered Age	nt signature requir	ed when	reinstating)			· .	100
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP