FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # K3425 RADING INTERNATIONAL.	` '				
Principal Place of Business Mailing Address						INDIA MININ NY EVA BININ YONA
5160 NW 26TH CIRCLE 5160 NW 26TH CIRCLE						
BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN THIS S	PACE
ì					3. Date Incorporated or Qualified	
]					09/26/1988	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0126848	Not Applicable
Suite, Apt.	w, eic.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the curre	ent year Intangible
24	25	29	30			Yes No
	g, Name and Address of Currer	nt Registered Agent		Name	10. Name and Address of New Registered A	gent
GINSBERG, IRVING			['	Name		
5160 NW 26TH CIRCLE			[3	Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496			ļ.	13		
1			L			
			10	City	FL	85 Zip Code
SIGNATURE	Signature, typod or printed name of registered age				ation's board of directors. I hereby accept the appointed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	VD	DELETE	1.1 7171	E T		Change Addition
NAME	GINSBERG, SONIA		1,2 NAA	ì		
STREET ADDRESS	5160 NW 26TH CIRCLE			EET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITS	'-ST-ZIP	•	
TITLE	PD	DELETE	2.1 TITL	E		Change Addition
NAME	GINSBERG, IRVING		2.2 NAN	ME .		
STREET ADDRESS	5160 NW 26TH CIRCLE		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	100.00	_	Y-ST-ZIP		1.60
TITLE		☐ DELETE	3.1 TITL	1		Change Addition
NAME			3.2 NAA	i i		
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP TITLE		DELETE	3.4. GII 4.1 TITL	Y+ST-ZIP		Change Addition
NAME		beec.	4. 2 NAI	l l	•	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		,
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NA	16		
STREET ADDRESS			5.3 STR	EET ADDRESS		
_CITY-ST-ZIP			5.4 CITY	'-ST-ZIP		
TITLE		DELETE	6.1 TITL	E		Change Addition

14. Thereby certify that the information supplied with this filling 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 rupplemental 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 exemption or the receiver or trustee empowers 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 attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

FILED

Apr 14 1998 8:00am

Secretary of State