FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	**FILED** May 01 1996 8:00 am Secretary of State

DOCUMENT # K48433   (2)

1. Corporation Name

RADAN, INC.

Principal Place of Business	Mailing Address
800 BRICKELL AVE. SUITE 1100 MIAMI FL 33131	800 BRICKELL AVE. SUITE 1100 MIAMI FL 33131

3. Date Incorporated or Qualified **11/28/1988**	**3a.** Date of Last Report **04/27/1995**

2. Principal Place of Business 21	**2a.** Mailing Address 26	**4.** FEI Number **65-0089083**	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	**10.** Name and Address of New Registered Agent
TOLAND, BRUCE JAY **800 BRICKELL AVE.** **SUITE 1100** **MIAMI FL 33131**	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **FL** **85** Zip Code

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 _____

Signature, typed or printed name of registered agent as it appears   (NOTE: Registered Agent signature required when changing)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PSD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **WHYTE, JOHN**	1.2 NAME	
STREET ADDRESS **67 N.E. 17TH TERR.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33132**	1.4 CITY-ST-ZIP	
TITLE **VDAS** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **WHYTE, SUSAN**	2.2 NAME	
STREET ADDRESS **67 N.E. 17TH TERR.**	2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33132**	2.4 CITY-ST-ZIP	
TITLE **VD** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **WHYTE, SYLVIA**	3.2 NAME	
STREET ADDRESS **67 N.E. 17TH TERR.**	3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33132**	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _John Whyte Pres_   4/30/96 (305) 379-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #