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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

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 33131-2944

3. Date Incorporated or Qualified: 11/28/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 Bruce Jay Toland, P.A. 801 Brickell Ave.	26 Bruce Jay Toland, P.A. 801 Brickell Ave.
Suite, Apt #, etc. 22 Suite 1510	Suite, Apt #, etc. 27 Suite 1501
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 65-0089083 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

TOLAND, BRUCE JAY
800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue
83 Suite 1501
84 City Miami FL 85 Zip Code 33131

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] 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 (9/96)

14. I do 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.

SIGNATURE: John Whyte, Pres. 4/28/97 305 379 7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — John Whyte, Pres. — Date — Daytime Phone #

0170417