

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L77689

(2)

1. Corporation Name

MICHAEL RADA, INC.

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

813 BRINY AVE.
POMPANO BCH FL 33064
US

Mailing Address

813 BRINY AVE.
POMPANO BCH FL 33064
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1990

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0195822

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



No

2. Principal Place of Business

21 705 NE 4 AVE

2a. Mailing Address

26 705 NE 4 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Bch. FL

City & State

28 Pompano Bch. FL

Zip

Country

24 33060

25 USA

Zip

Country

29 33060

30 USA

9. Name and Address of Current Registered Agent

RADA, MICHAEL
813 BRINY AVE.
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Rada

(NOTE: Registered Agent signature required when resigning)

DATE

7/28/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RADA, MICHAEL
813 BRINY AVE
POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
RADA, MICHAEL
705 NE 4 AVE.
POMPANO BCH. FL.

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Rada

7/28/95

Date

305 782 3241

(Typed Name)

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

MICHAEL P. RADA