

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M46193** (2)  
1. Corporation Name  
**RADIANT INVESTMENTS, INC.**



Principal Place of Business <b>C/O CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131</b>	Mailing Address <b>C/O CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>02/06/1987</b>	3a. Date of Last Report <b>06/10/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0229742</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANTI, MICHAEL	2. NAME	
STREET ADDRESS	ONE BISCAYNE TOWER, #2400	3. STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	MIAMI FL 33131	4. CITY-ST-ZIP	<b>1600 MIAMI CENTER MIAMI, FL 33131</b>
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANTI, MARC	2.2 NAME	
STREET ADDRESS	ONE BISCAYNE TOWER, #2400	2.3 STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	<b>1600 MIAMI CENTER, MIAMI, FL 33131</b>
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANTI, JOSEPH	3.2 NAME	
STREET ADDRESS	ONE BISCAYNE TOWER, #2400	3.3 STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	<b>1600 MIAMI CENTER MIAMI, FL 33131</b>
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANTI, KAREN	4.2 NAME	
STREET ADDRESS	ONE BISCAYNE TOWER, #2400	4.3 STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	<b>1600 MIAMI CENTER MIAMI, FL 33131</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: **MARC A. CHANTI** 7/30/97 305 631 1300

CR2E034 (4/97)