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Principal Piece of Business	DOCUMENT # P9300066041 1. Entity Name RADTECH, INC.					•	Jan 30, 2002 8:00 at Secretary of State 01-30-2002 90087 015 ***158.75				ıte	530 AV
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	3525 NW 82	AVE	3	3525 NW 82 AVE				I INDIVIDEI ISE NIINO IKKI EDKU ON	II 30 iis 80 ii s 8 0	1 1 5 1111 15 111	1188 1 11 3 1 1 88 1.	
City & State City & State Country See To Additional Fore Applicable See To Additional Fore Required Successful Additional Fore Req	2. Principal P	Place of Busin	ess	3. Mailing Address								
Zip Country	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Country Zip Country S. Certificate of Status Desired S. 8.7.5 Additional Fee Roquined S. 8.7.5 Additional Fee	City & Stat	te		City & State		4. F	El Number 65-0437572			·]	
MARTINEZ, FERNANDO 14631 BALGOWAN RD #203 MAMI FL 33016 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax High gequirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD WASSIN, MARCELA 9. STREET ANDRESS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD WASSIN, MARCELA 900 SW 105 ST 11. WPD Delete 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD WASSIN, MARCELA 900 SW 105 ST 11. WPD WASSIN, SALOMON WASIN, SALOMON WASSIN, SALOMON WASSIN, SALOMON WASSIN, SALOMON WAS	Zip		Country	Zip	Coun	try	5. 0			8.75 Add	litional	1
MARTINEZ, FERNANDO 14631 BALGOWAN RD #203 MIAMI FL 33016 City FL Zip Code After May 1, 2002 Fee will be SSS0.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. City FL Zip Code City FL Zip Code After May 1, 2002 Fee will be SSS0.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CITY ST-Zip MAMI FL 33176 CITY ST-Zip MIAMI FL 331		6. Name	and Address of Current F	Registered Agent				lame and Address of New R			<u> </u>	1
### ASSIN, SALOMON STRET ADDRESS OTY-ST-ZIP TITLE VASSIN, SALOMON STRET ADDRESS OTY-ST-ZIP TITLE VASSIN, SALOMON STRET ADDRESS OTY-ST-ZIP TITLE VASSIN, VIVANNE- TITLE		V. 112.00	·			Name			<u> </u>			1
MIAMI FL 33016 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Formula is eligible to satisfy its intangible Tax filling requirement and elects to do so Matter May 1, 2002 Fee will be \$550.00 Atter May 1, 2002 Fee will be \$550					Street Addr	ress (P.O. B	ox Number is Not Acceptable) :	-		1	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 2 SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. VPD CASSIN, MARCELA 3200 SW 105 ST MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP CHANGES CI						·						1
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2 SIGNATURE Signature, typed or printed name of registered degrant and the if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criterior on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ITILE PD KASSIN, MARCELA SIREET ADDRESS CITY-ST-ZIP MIMMI FL 33176 TITLE VPD MIMME SIREET ADDRESS CITY-ST-ZIP MIMMI FL 33176 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY						City			FI	Zip Cod	e	$\frac{1}{1}$
Signature, speed or printed name of regulared agent und like if applicable in a Signature regularied when resoluted resoluted when resoluted when resoluted	±	named entity	submits this statement for	the purpose of changing its	registere	Led office or re	gistered age	ent, or both, in the State of Flo		J		
Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added to Fees	SIGNATURE,	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature r	equired when re	instating)	DATE			
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR