SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # POSOOO	086151 (6)				
1. Corporatio	RADING CORP.	333131 (0)				
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1 1811
Principal Plac	e of Business	Mailing Address			1,001/001 1/0 10/00 11/1/ 00/1/ 00/1/ 00/1/ 00/1/	[
8232 NW 14TH ST. 8232 NW 14TH ST.					1	
MIAMI FL 3312		MIAMI FL 33126				
US		U\$			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 12/10/1993	
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	1 · 1 ·		65-0456701	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	de .	City & State	7 City & State		6 Fladin Oranda Flanda	
23	ty & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	y	8. This corporation owes or has paid the ci	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent
HCR	M CORP.		8	1 Name		
2200 CORPORATE BOULEVARD, NW				2 Street Add	iress (P.O. Box Number is Not Acceptable)	
SUITE 401			_			
BOCA RATON FL 33431			В	3		
i			8	4 City	F	85 Zip Code
11. Pursuant	to the provisions of sections 607.0502	2 and 607.1508, Florida Statute	es, the abov	e-named corpo	oration submits this statement for the purpose of	changing its registered
office or agent. I a	regist ere d agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, section 607,0505, FI	a uthorized b orida Statute	y the corporat es.	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE						
<u> </u>	Signature, typed or printed name of registered agen			Agent signature rec	quired when reinstating) DATE	
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	
NAME	DOMESTI OVACTINA I		1.2 NAME			L Change L Addition
STREET ADDRESS	ALALA FOOLECULO OF		4	T ADDRESS		Í
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE	,12"		Change Addition
NAME	DOMENI DANDEN		2.2 NAME			vinings required
STREET ADDRESS	ALALI PRODUCCIA OT		2.3 STREE	TADORESS		
CITY-ST-ZIP	5001 01701 Pt 4440		2.4 CITY-	ST-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME	POWELL, BRUCE 3.2 N		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADORESS		
CITY-ST-ZIP	BOCA RATON FL 33433	·	3.4 CITY-			
TITLE	C'' PECETE		4.1 TITLE	i		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP		F1	A.4 CITY-ST-Z			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME STREET ADDRESS			5.2 NAME	T ADDRESS		1
STREET ADDRESS						
CITY-ST-ZIP TITLE			5.4 CITY-S 6.1 TITLE			Change Addition
NAME		(DELETE	6.2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			

14. 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 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.

CHATHER CONTRACTOR WALLEN

Bres

~7/1 DOK

FILED

Jul 23 1998 8:00am

Secretary of State

30.5 21800St