FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State Division of Corporations		Secretary of State	
1. Corporation		00073719 (4)		
	RADE INC.				
Principal Place of Business Mailing Address 123 S.E. 3RD AVE. STE. 101 NAME OF STE. 101					·
				DO NOT WRITE IN	THIS SDACE
MIAMI FL 331 US	3	MAIMI FL 33131 US		3. Date Incorporated or Qualified	THOUNAGE
Principal P	lace of Business	2a. Mailing Address		10/07/1994 4. FEI Number	
21 21	IACE OF DUSITIOSS	26. Walling Address		65-0528920	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	е	City & State			Fee Required
23	v	28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Regist	
	· 	ent Hegietered Agent	81 Name		ored Agent
GOMEZ, MARIA 115 SE 3RD AVENUE 82 Street Addre				PMEZ MARIA Iress (P.O. Box Number ja Not Acceptable)	
SUITE 101			123	SE. 3rd Ave. Suit	e 101
MIAM! FL 33131				,	
84 City W				iomi FD.	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	tutes, the above-named cor	poration submits this statement for the purp	· - - - - - - - - - -
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obt	ile of Florida. Such change wa	s authorized by the corpora	ation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE					
ļ <u> </u>	Signature typed or printed name of registered a	agent and title if applicable (N ND DIRECTORS	OTE: Registered Agent signature requ		P AND DIDECTORS IN 40
12.	DPS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	GOMEZ, MARIA	_	1.2 NAME		
STREET ADDRESS	123 S.E. 3RD AVE., STE. 16	01	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELET e	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		☐ DELETE	4.4 CITY-ST-ZIP	<u> </u>	Change • Addition
TITLE			5.1 TITLE 5.2 NAME		change xounton
NAME Street address			5.2 NAME 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			64 CITY-ST-ZIP		

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 suppliemental 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 of the receiver or trusted empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled or on an attachment with an address.

1092

Mar 27 1998 8:00am