

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

915.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

97 MAY -8 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076162 (4)

1. Corporation Name

RADICAL INCORPORATED

Principal Place of Business

Mailing Address

1865 BRICKELL AVENUE
SUITE A-207
MIAMI FL 33129
US

1865 BRICKELL AVENUE
SUITE A-207
MIAMI FL 33129
US

REINSTATEMENT

910-97

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8022 Fisher Island Dr.

22 City & State

27 Miami Fla

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65-053400

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

81 Name

LESUE A SCHERE

82 Street Address (P.O. Box Number is Not Acceptable)

1865 BRICKELL AVE # A207

83

84 City

Miami Fla

FL

85 Zip Code

33129

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

Lesue A Schere

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROSEN, BRADLEY
STREET ADDRESS 1865 BRICKHILL AVENUE, SUITE A-207
CITY-ST-ZIP MIAMI FL

TITLE VS
NAME SCHERE, LESUE A
STREET ADDRESS 1865 BRICKELL AVENUE, SUITE A-207
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
4000002178494-3
-05/14/97-01096-002
***923.75 ***923.75

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

BRAD ROSEN

BRAD ROSEN

DATE

April 19, 1996

Office Phone