

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001365 (1)

1. Corporation Name

RADTRONICS, INC.

Principal Place of Business

2834 SOUTH BAYSHORE DRIVE, SUITE 3-A
MIAMI FL 33133

Mailing Address

2834 SOUTH BAYSHORE DRIVE, SUITE 3-A
MIAMI FL 33133



2. Principal Place of Business	2a. Mailing Address
21 2843 South Bayshore Drive	26 2843 South Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 3-A	27 Suite 3-A
City & State	City & State
23 Miami, Florida	28 Miami, Florida
Zip	Zip
24 33133	29 33133
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
01/05/1996	
4. FEI Number	Applied For
65-0630243	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name Roberto J. Castellon 82 2843 So. Bayshore Dr., #3A 83 Miami, FL 33133-6021431 84 City FL 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 _____ DATE 3/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, ROBERTO J	1.2 NAME	
STREET ADDRESS	2834 SOUTH BAYSHORE DRIVE, SUITE 3-A	1.3 STREET ADDRESS	2843 South Bayshore Drive, Suite 3-A
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECIO, HUGO C	2.2 NAME	
STREET ADDRESS	2834 SOUTH BAYSHORE DRIVE, SUITE 3-A	2.3 STREET ADDRESS	2843 South Bayshore Drive, Suite 3-A
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, MARIO A	3.2 NAME	
STREET ADDRESS	2834 SOUTH BAYSHORE DRIVE, SUITE 3-A	3.3 STREET ADDRESS	2843 South Bayshore Drive, Suite 3-A
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____
3/13/97 305 591-7355

CR2E034 (9/96)