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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90109 035 ***158.75

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GRUPO I	RADE-USA, INC.							
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Principal Place	of Business	Mailing Address					INI AILIN NYINI	
		1506 S.E. 14TH STREET						
1506 S.E. 14TH STREET 1506 S.E. 14TH STREET FT LAUDERDALE FL 33134 FT LAUDERDALE FL 3313								
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			•		3. Date Incorporated or Qua	lifed		
					01/20/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 26				65-0820239		No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed X	\$8.75	2	
22				3. Certificate of Status Desir		Fee Re	equired	
City & State			-	6. Election Campaign Finan	cing · 🖂	\$5.00	May Be	
23		28			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the			
24	25	29	30		Personal Property Tax.		□ Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of N	lew Registered A	gent	
			81	Name	GABRIEL PRATS			ł
	TS, GABRIEL		82		ddress (P.O. Box Number is Not Ac	ceptable)		
I	MAJORCA AVENUE				21 PONCE DE LEON		240	
SUIT			83				,	Ì
COR	IAL GABLES FL 33134		84	City	·		85 Zip (Code
					RAL GABLES,	FL	3	3134
11Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named co	orporation submits this statement for	r the purpose of c	hanging its	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations in the obligation of the obligations are set to the obligations of the obligations are set to the obligations of the ob	rot Florida. Such change was au autons of Section 607.0505. Flori	ithorized by ida Statutes	the corpor	ation's board of directors. I hereby	accept the appoint	ment as re	gistered
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l		lecal				2-8-49	7	{
SIGNATURE	Signature, typed or printed name of registered ego	Int and title if applicable. (NOTE:			uired when reinstating)	2-8-90 DATE	<u></u>	
l		ND DIRECTORS					DIRECTO	DRS IN 12
SIGNATURE			Registered Agen		uired when reinstating)			
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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, with all other like empowered.

SIGNATURE:

JOHNSTONE RADIATION DUPRE 30/3/99 (954)8329/1

- CR2F034 (41/98)