

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S95309** (8)

1. Corporation Name
RADA TOURS, INC.



Principal Place of Business: **5700 SOUTHWEST 127TH AVENUE SUITE 1219 MIAMI FL 33183**
Mailing Address: **5700 SOUTHWEST 127TH AVENUE SUITE 1219 MIAMI FL 33183**

3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 03/23/1995
4. FEI Number 65-0288540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INCERA, PILAR
5700 SW 127 AVENUE., #1219
MIAMI FL 33183**

81. Name	
82. Street Address (P.O. Box Numbers Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.053(2) or 609.13(3), 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 further willing and accept the obligations of Section 607.053, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. NAME	PTD	INCERA, HORTENCIA	<input type="checkbox"/> DELET
2. STREET ADDRESS	5700 SW 127TH AVE #1219		
3. CITY, STATE, ZIP	MIAMI FL		
4. NAME	VSD	INCERA, PILAR	<input type="checkbox"/> DELET
5. STREET ADDRESS	5700 SW 127TH AVE #1219		
6. CITY, STATE, ZIP	MIAMI FL		
7. NAME			<input type="checkbox"/> DELET
8. STREET ADDRESS			
9. CITY, STATE, ZIP			
10. NAME			<input type="checkbox"/> DELET
11. STREET ADDRESS			
12. CITY, STATE, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I hereby certify that the information supplied herein is true and correctly 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 reports 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 of this report or on an attachment with an address.

SIGNATURE: **Pilar Incera Vice President** 01/12/96 (305) 386-1274

CR2E034 (12/95)