

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S77048 (4)
 1. Corporation Name
ANOZBRI ULTRASOUND SERVICES, INC.



Principal Place of Business 11117 W OKEECHOBEE RD 133 HIALEAH GARDEN FL 33016 US	Mailing Address P. O. BOX 111532 HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1840 W 49 ST Suite, Apt. #, etc. 22 706 City & State 23 HIALEAH FL Zip Country 24 33012 25 MIAMI-DADE	2a. Mailing Address 26 P.O. Box 111532 Suite, Apt. #, etc. 27 City & State 28 HIALEAH FL Zip Country 29 33010 30 MIAMI-DADE
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3. Date Incorporated or Qualified 08/30/1991	4. FEI Number 65-0281876	Applied For <input checked="" type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent OZUAL, ANDRES 8752 N.W. 109 TERRACE HIALEAH GARDENS FL 33016	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: *[Signature]* NO *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	OZUAL, ANDRES	1.2 NAME
STREET ADDRESS	8752 N.W. 109 TERRACE	1.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH GARDENS FL	1.4 CITY-ST-ZIP
TITLE	SVT	2.1 TITLE
NAME	OZUAL, ANDRES	2.2 NAME
STREET ADDRESS	8752 N.W. 109 TERRACE	2.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH GARDENS FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 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]* 4/28/98 305 827 6205 305 819-8311

CR2E034 (10/97)