

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V15401** (5)

1. Corporation Name
ULTRA-TECH DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
1450 CORAL WAY STE. #11 MIAMI FL 33145-2856 US	1450 CORAL WAY STE. #11 MIAMI FL 33145-2856 US

3. Date Incorporated or Qualified 02/20/1992	3a. Date of Last Report 04/12/1994
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2. Principal Place of Business	2a. Mailing Address	4. FBI Number 65-0320598	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	2b. P.O. Box 140757 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. Coral Gables	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. PL	30. 33145-0757	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ABALLI, HECTOR D
3523 SW 24 TERRACE
MIAMI FL 33145-3038**

10. Name and Address of New Registered Agent

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

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]* **Hector D Aballi** **3/1/95**
(Print registered name of registered agent and file if applicable) (Print Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ABALLI, HECTOR D.	1. TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3523 S.W. 24TH TERRACE		12. NAME ABALLI, ANGELA A.	
CITY, ST, ZIP MIAMI FL		13. STREET ADDRESS 3523 SW 24TH TERRACE	
		14. CITY, ST, ZIP MIAMI FL 33145-3038	
TITLE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22. NAME	
CITY, ST, ZIP		23. STREET ADDRESS	
		24. CITY, ST, ZIP	
		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. 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 110 (07.006), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **Hector D Aballi** **3/1/95**
(Print name and typed or printed name of signing officer or director) (Print name and typed or printed name of signing officer or director)