

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

CORPORATION  
ANNUAL REPORT •  
**1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V70583 (2)**  
1. Corporation Name  
**HIGH TECH DIAGNOSTIC GROUP, INC.**

Principal Place of Business Mailing Address  
**1042 SW 24TH AVE. MIAMI FL 33135** **10002 N.W. 5TH LANE MIAMI FL 33172 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/08/1992</b>	3a. Date of Last Report <b>08/10/1994</b>
4. FEI Number <b>65-0358556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>CAZARES, PIERRE 1042 SW 24TH AVE. MIAMI FL 33135</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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: *Pierre Cazares* **Pierre Cazares** **04-28-95**  
Signature typed or printed (typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>CAZARES, PIERRE</b>	1.1 TITLE <b>Cazares Pierre</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1042 SW 24TH AVE.</b>	CITY - ST - ZIP <b>MIAMI FL</b>	1.2 NAME <b>10002 NWS Lane</b>	
		1.3 STREET ADDRESS <b>Miami FL 33172</b>	
		1.4 CITY - ST - ZIP	
TITLE <b>office manager</b>	NAME <b>vice president.</b>	2.1 TITLE <b>OFFICE MANAGER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME <b>MARIN O. GOMEZ</b>	
CITY - ST - ZIP		2.3 STREET ADDRESS <b>vice president.</b>	
		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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: *Pierre Cazares* **Pierre Cazares** **04-28-95**  
Signature typed or printed (typed or printed name of signing officer or director) DATE