

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **730344** (9)
1. Corporation Name
ASSOCIATION OF X-RAYS TECHNICIANS IN EXILE, INC.



Principal Place of Business Mailing Address
1023 SOUTHWEST 27TH AVENUE **1023 SOUTHWEST 27TH AVENUE**
MIAMI FL 33135-4614 **MIAMI FL 33135-4614**

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

3. Date Incorporated or Qualified **07/31/1974** 3a. Date of Last Report **02/16/1995**
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAVEL, MARIO A., R.T.
450 NORTHWEST 32ND COURT
MIAMI FL 33125

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUNIZ, OLIMPIA	1.2 NAME	
STREET ADDRESS	7365 SW 38TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NICOLAS, FERNANDEZ	2.2 NAME	
STREET ADDRESS	6715 SW 28TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GELPI, ORLANDO	3.2 NAME	
STREET ADDRESS	461 NW 32ND COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, MINERVA	4.2 NAME	
STREET ADDRESS	121 W 31ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAVEL, MARIO A.	5.2 NAME	
STREET ADDRESS	450 NW 32ND COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DELGADO, CARLOS	6.2 NAME	
STREET ADDRESS	1137 SW 4TH STREET #1	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-649-7339

CR2E037 (12/95)