FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001514007
-06/15/95--01062--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 643251 (2)

1. Corporation Name

X-RAY DEVELOPMENT CORP.

Principal Place of Business
c/o LEWIS G. GORDON
1320 S. Dixie Highway
Ste. 700
Coral Gables, FL 33146

Mailing Address
c/o LEWIS G. GORDON
1320 S. Dixie Highway
Ste. 700
Coral Gables, Fl 33146

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 02/26/1993
4. FEI Number: 59-1975983 ☐ Applied For ☐ Not Applicable

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

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

GORDON, LEWIS G.
~~7700 North Kendall, Ste. 515~~
~~Coral Gables, FL~~

10. Name and Address of New Registered Agent

81 Name: GORDON, LEWIS G.
82 Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway, Ste. 700
83
84 City: Coral Gables 85 FL Zip Code: 33146

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] DATE: 5/25/95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	MELTZER, DAVID
STREET ADDRESS	D-209 Tuscany Lane
CITY ST ZIP	Delray Beach, FL
TITLE	VP/D
NAME	Meltzer, Esther
STREET ADDRESS	D-209 Tuscany Lane
CITY ST ZIP	Delray Beach, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

RECEIVED BY MAY 1

CH

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 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] 5/25/95 (407) 499-1085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID MELTZER, PRES