

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # 730344 (9)

1. Corporation Name

ASSOCIATION OF X-RAYS TECHNICIANS IN EXILE, INC.

Principal Place of Business

Mailing Address

1023 SOUTHWEST 27TH AVENUE
MIAMI FL 33135-4614

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MIAMI FL 33135-4614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1974

3a. Date of Last Report

03/07/1994

4. FBI 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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MUNIZ, OLIMPIA
STREET ADDRESS	7365 SW 38TH COURT
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	NICOLAS, FERNANDEZ
STREET ADDRESS	6715 SW 28TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	GELPI, ORLANDO
STREET ADDRESS	461 NW 32ND COURT
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	VAZQUEZ, MINERVA
STREET ADDRESS	121 W 31ST STREET
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	TAVEL, MARIO A.
STREET ADDRESS	450 NW 32ND COURT
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	DELGADO, CARLOS
STREET ADDRESS	1137 SW 4TH STREET #1
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 its 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. I changed, or am attaching with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO A. TAVEL R.T. (R)

DATE

2/9/95

Chapter 17200

(305) 649,7337

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