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FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
450 NW 32 CT 450 NW 32 CT
MIAMI FL 33125 MIAMI FL 32125
US US

3. Date Incorporated or Qualified
07/31/1974

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 450 NW 30 CT 26 450 NW 32 CT.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
23 Miami Florida 28 Miami Florida

Zip Country DAE Zip Country DAE
24 33125 25 USA 29 33125 30 USA

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 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

TITLE	PD	NAME	MUNIZ, OLIMPIA	DELETED
STREET ADDRESS	7385 SW 38TH COURT			
CITY-ST-ZIP	MIAMI FL			
TITLE	VD	NAME	NICOLAS, FERNANDEZ	DELETED
STREET ADDRESS	8715 SW 28TH STREET			
CITY-ST-ZIP	MIAMI FL			
TITLE	TD	NAME	GELPI, ORLANDO	DELETED
STREET ADDRESS	481 NW 32ND COURT			
CITY-ST-ZIP	MIAMI FL			
TITLE	VD	NAME	VAZQUEZ, MINERVA	DELETED
STREET ADDRESS	121 W 31ST STREET			
CITY-ST-ZIP	HIALEAH FL			
TITLE	SD	NAME	TAVEL, MARIO A.	DELETED
STREET ADDRESS	450 NW 32ND COURT			
CITY-ST-ZIP	MIAMI FL			
TITLE	VD	NAME	DELGADO, CARLOS	DELETED
STREET ADDRESS	1137 SW 4TH STREET #1			
CITY-ST-ZIP	MIAMI FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

[Signature] 5-1998-

CR2E037 (10/97)