

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F47237** (5)

1. Corporation Name
GR-JAR, INC.



Principal Place of Business 2601 SOUTH BAYSHORE DR. SUITE 1215 COCONUT GROVE FL 33133 US	Mailing Address 2601 SOUTH BAYSHORE DR. SUITE 1215 COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2601 S. Bayshore Dr. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Coconut Grove, Florida Zip 24 33133		2a. Mailing Address 26 2601 S. Bayshore Dr. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Coconut Grove, Florida Zip 29 33133		3. Date Incorporated or Qualified 10/01/1981		3a. Date of Last Report 03/11/1996	
				4. FEI Number 59-2125178		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SOTOLONGO, ISELA 4849 PONCE DE LEON BLVD STE 300 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name W. Barry Tanner 82 Street Address (P.O. Box Number is Not Acceptable) Navix Radiology Systems, Inc. 83 2601 S. Bayshore Dr., #500 84 City Coconut Grove FL 85 Zip Code 33133			
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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 **W. Barry Tanner, CFO & Sec** *W. Barry Tanner* **8-22-97**
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	DPS	<input checked="" type="checkbox"/> DELETE		11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, JOSE ANTONIO			12 NAME	Gilman, Miles E.		
STREET ADDRESS	5000 UNIVERSITY DR			13 STREET ADDRESS	2601 S. Bayshore Dr., #500		
CITY-ST-ZIP	CORAL GABLES, FL 00000			14 CITY-ST-ZIP	Coconut Grove, FL 33133		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	CFO/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				22 NAME	Tanner, W. Barry		
STREET ADDRESS				23 STREET ADDRESS	2601 S. Bayshore Dr., #500		
CITY-ST-ZIP				24 CITY-ST-ZIP	Coconut Grove, FL 33133		
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **W. Barry Tanner, CFO & Sec** *W. Barry Tanner* **(305) 250-6400**

CR2E034 (4/97)