

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K81439 (7)  
1. Corporation Name  
ADVANCED ELECTRONIC DIAGNOSTICS, INC.



Principal Place of Business  
1120 ROYAL PALM BCH BLVD  
#277  
ROYAL PALM BCH FL 33411  
US

Mailing Address  
1120 ROYAL PALM BCH BLVD  
#277  
ROYAL PALM BCH FL 33411-1607  
US

3. Date Incorporated or Qualified  
04/19/1989

3a. Date of Last Report  
07/23/1996

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
| 21                             | 26                  | 59-2663588  | Not Applicable  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 22                             | 27                  |   |   |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 23                             | 28                  |   |   |
| Zip                            | Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24                             | 29                  |   |   |
| Country                        | Country             |   |   |
| 25                             | 30                  |   |   |

9. Name and Address of Current Registered Agent

NILSSON, NILS  
1120 ROYAL PALM BCH BLVD  
#277  
ROYAL PALM BCH FL 33411

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | DPT                            | <input type="checkbox"/> DELETE |
| NAME           | NILSSON, NILS                  |                                 |
| STREET ADDRESS | 1120 ROYAL PALM BCH BLVD, #277 |                                 |
| CITY-ST-ZIP    | ROYAL PALM BCH FL 33411        |                                 |
| TITLE          | D                              | <input type="checkbox"/> DELETE |
| NAME           | NILSSON, LOUISE                |                                 |
| STREET ADDRESS | 112 NE 139TH ST                |                                 |
| CITY-ST-ZIP    | MIAMI FL                       |                                 |
| TITLE          | DVS                            | <input type="checkbox"/> DELETE |
| NAME           | NILSSON, MICHELLE              |                                 |
| STREET ADDRESS | 1120 ROYAL PALM BCH BLVD, #277 |                                 |
| CITY-ST-ZIP    | ROYAL PALM BCH FL 33411        |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

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 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:

*[Signature]*

4/14/97 4577902405

CR2E034 (9/96)