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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

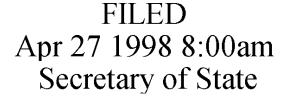
DOCUMENT #

CITY - ST - ZIP

K86890

(6)

DADE X-RAY, INC.



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Principal Place of Business Mailing Address						OIDII BIBII BIBII DIBII BIBII IABI	
710 NW 33RD AVE. P. O. BOX 330312 MIAMI FL 33233		710 NW 33RD AVE. P. O. BOX 330312 MIAMI FL 33233	P. O. BOX 330312		. DO NOT WRITE IN THIS SPACE		
i					3. Date Incorporated or Qualified 05/10/1989		
2. Principal Place of Business		2a. Mailing Address	2a, Mailing Address		4. FEI Number	Applied For	
21		26			65-0119269	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	h1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zιρ	Country	Zip	Country	у	8. This corporation owes or has paid the o		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registere	d Agent	
	DEARR, CRAIG R.		81	Name			
9100 S DADELAND BLVD. MIAMI FL 33156			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	Michiel F 00100		63	i d			
			B4	City		lee 7in Code	
				' '	F		
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Stati	utes, the abov	re-named corp	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered	
agent I a	im familiar with, and accept the ob	ligations of, Section 607.0505, F	Florida Statute	лу тте согрога: Э\$.	lion's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered	agent and title if applicable (NO AND DIRECTORS	OTE: Registered Ap	ent signature requi	ADDITIONS/CHANGES TO OFFICERS A		
12. TITLE	DIFFICERS	AND DIRECTORS DELETE	13. 1.1 TITLE		AUDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	GARCIA, LUIS G.		1.2 NAME	[
STREET ADDRESS 2259 SW 21 TERR.			1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.3 STREET				
TITLE		DELETE	21 TITLE			Change Addition	
NAME			22 NAME			i	
STREET ADDRESS			23 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 City - St - ZiP				
TITLE			31 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3 4. CITY-	-ST-ZIP			
TITLE	DELETE 4.1		4.1 TITLE	_		☐ Change ☐ Addition	
NAME			4. 2 NAMÉ	I			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		The Darbert	
TITLE			5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS		!	
CITY-SY-ZIP		DELETE	5.4 CITY - S	ST-ZIP		Change Addition	
TITLE		☐ DELETE	6.1 TITLE			LI Change LI Accinion	
NAME			6.2 NAME	- 1			
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. Thereby 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 of the Tocolver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 507, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 507.

CR2E034 (10/97