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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L51831 (0)

1. Corporation Name
GABLES IMAGING, INC.

Principal Place of Business
717 PONCE DE LEON BLVD
SUITE 212
CORAL GABLES FL 33134

Mailing Address
717 PONCE DE LEON BLVD
SUITE 212
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/19/1990

4. FEI Number

65-0173934

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

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

ACEBAL, LUIS F.
11452 S.W. 3RD STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

ACEBAL, LUIS F.

82 Street Address (P.O. Box Number is Not Acceptable)

11460 S.W. 3RD STREET

83

84 City

MIAMI

FL

85 Zip Code

33174

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D ACEBAL, LUIS F.
STREET ADDRESS
11452 S.W. 3RD STREET
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D CALVO, ZAYDEE
STREET ADDRESS
2304 ALHAMBRA CIRCLE
CITY-ST-ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
D ACEBAL, LUIS F.
1.3 STREET ADDRESS
11460 S.W. 3RD STREET
1.4 CITY-ST-ZIP
MIAMI, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
D CALVO, ZAYDEE
2.3 STREET ADDRESS
575 CRANDON BLVD., APT. 412,
2.4 CITY-ST-ZIP
KEY BISCAYNE, FL.

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 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 LUIS F. ACEBAL

04-20-98 (305) 444-2244

CR2E034 (10/97)