FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

AMENDED AND FILED

[illegible] PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M59005** **(2)**

1. Corporate Name:

X RAYS PROFESSIONAL SERVICES CORP.

Principal Place of Business:

C/O CONCEPCION ESCOBAR
2742 SW 8TH ST. STE. 24
MIAMI FL 33135

Mailing Address:

C/O CONCEPCION ESCOBAR
2742 SW 8TH ST. STE. 24
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

ZIP — 24 — County — 25

ZIP — 29 — County — 30

4. FEI Number: **59-2852098** ☐ 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

7. This corporation is subject to provisions of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ESCOBAR, CONCEPCION
2742 SW 8TH ST.
STE. 24
MIAMI FL 33135

10. Name and Address of New Registered Agent

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 Section 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. Said 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 (if changing Registered Agent, Registered Agent must sign) (if not changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PST	1 TITLE	☐ Change ☐ Addition
NAME	ESCOBAR, CONCEPCION	1 NAME	
STREET ADDRESS	2742 SW 8TH ST. STE. 24	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	ESCOBAR, CONCEPCION	2 NAME	
STREET ADDRESS	2742 SW 8TH ST. STE. 24	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the information indicated on this report or supplemental 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: Concepcion J Escobar 5/01/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CONCEPCION ESCOBAR

0143436 CP