

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 JUL 15 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057611 (4)

1. Corporation Name

ACGX-RAY DIAGNOSTIC INC.

Principal Place of Business

Mailing Address

15103 S.W. 63 TERRACE
APT 205
MIAMI FL 33193
US

15103 S.W. 63 TERRACE
APT 205
MIAMI FL 33193
US

3. Date Incorporated or Qual-Ped
08/17/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0432210

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 has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7801 CORAL WAY

Suite, Apt. #, etc

22 SUITE 181

City & State

23 MIAMI, FL.

Zip

24 33155

Country

25 US

2a. Mailing Address

26 7801 CORAL WAY

Suite, Apt. #, etc

27 SUITE 131

City & State

28 MIAMI, FL.

Zip

29 33155

Country

30 US

9. Name and Address of Current Registered Agent

CARRAI, JUAN C
8977 S.W. 123RD COURT
APT. 205
MIAMI FL 33186

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 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 in ink of registered agent and the applicable

(if applicable) Registered Agent signature required after registration

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D CARRAI, JUAN C
STREET ADDRESS 8977 S.W. 23RD CT. APT 205
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE

NAME D GONNELLI, RAUL A
STREET ADDRESS 5041 S.W. 104TH AVE.
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME D CARLOS, GARRIDO
STREET ADDRESS 18712 NW 79 CT.
CITY-ST-ZIP MIAMI FL 33015

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

11 TITLE ☒ Change ☐ Addition

12 NAME D CARRAI, JUAN C.
13 STREET ADDRESS 15103 SW 63 TERR.
14 CITY-ST-ZIP MIAMI, FL. 33193

21 TITLE ☒ Change ☐ Addition

22 NAME D GONNELLI, RAUL A.
23 STREET ADDRESS 13704 SW 51 TERR.
24 CITY-ST-ZIP MIAMI, FL. 33175

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

400001883264
-07/15/96--01018--005
*****225.00 *****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

Signature Printed

CR2E034 (3/96)