

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
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DOCUMENT # P93000057611 (4)

1. Corporation Name

ACGX-RAY DIAGNOSTIC INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qual. Fed	3a. Date of Last Report
15103 S.W. 63 TERRACE APT 205 MIAMI FL 33193 US		15103 S.W. 63 TERRACE APT 205 MIAMI FL 33193 US		08/17/1993	05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7801 CORAL WAY	26 7801 CORAL WAY	65-0432210	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE 181	27 SUITE 131	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 MIAMI, FL.	28 MIAMI, FL.	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24 33155	29 33155	25 US	30 US

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARRAI, JUAN C 8977 S.W. 123RD COURT APT. 205 MIAMI FL 33186				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 case of registered agent and the applicable (NOTE: Registered Agent signature required after re-registration) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRAI, JUAN C			12 NAME	CARRAI, JUAN C.		
STREET ADDRESS	8977 S.W. 23RD CT. APT 205			13 STREET ADDRESS	15103 SW 63 TERR.		
CITY-ST-ZIP	MIAMI FL 33185			14 CITY-ST-ZIP	MIAMI, FL. 33193		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONNELLI, RAUL A			22 NAME	GONNELLI, RAUL A.		
STREET ADDRESS	5041 S.W. 104TH AVE.			23 STREET ADDRESS	13704 SW 51 TERR.		
CITY-ST-ZIP	MIAMI FL 33165			24 CITY-ST-ZIP	MIAMI, FL. 33175		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLOS, GARRIDO			32 NAME			
STREET ADDRESS	18712 NW 79 CT.			33 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 ****225.00 ****225.00

Handwritten signature/initials

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:

Handwritten signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

By _____

CR2E034 (3/96)