

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000057611 (4)**  
 1. Corporation Name  
**ACGX-RAY DIAGNOSTIC INC.**



Principal Place of Business <b>7801 CORAL WAY                  SUITE 131                  MIAMI FL 33155                  US</b>	Mailing Address <b>7801 CORAL WAY                  SUITE 131                  MIAMI FL 33155                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt #, etc <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a.</b> Mailing Address Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	<b>3.</b> Date Incorporated or Qualified <b>08/17/1993</b> <b>4.</b> FEI Number <b>65-0432210</b> <b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRAI, JUAN C</b>	
STREET ADDRESS	<b>15103 S.W. 63RD TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONNELLI, RAUL A</b>	
STREET ADDRESS	<b>13704 S.W. 51ST TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLOS, GARRIDO</b>	
STREET ADDRESS	<b>18712 NW 79 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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; that I am a 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 from an attachment with an address.

SIGNATURE:  **3-10-98** **305) 267-3020**

CR2E034 (10/97)