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Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90049 008 \*\*\*150.00

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PROFIT CORPÓRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000023514

1. Corporation Name

HIALFAH Y-RAY INC

Principal Place of Business	Mailing Address			L INE LINE I LE TOUR BERLE DE LA COMPANION DE	abilt 40112 tiges tilbi aliet tiert stat	1441
737 EAST 10 ST HIAHEAH FL 33010	737 EAST 10 ST HIAHEAH FL 33010			DO NOT MIDITE	E IN THIS SPACE	
US	US			3. Date Incorporated or Qualifed	IN THIS SPACE	
		·		03/28/1994		
2. Principal Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied Fo	
21	26			65-0480659	Not Applic	
Suite, Apt. #, etc.	Suite, Apt. #, e	tc.		5. Certifcate of Status Desired	□ \$8.75 Addition Fee Required	al 
- City & State	City & State	-3,			👚 - <b>\$5.00</b> May Be	• {
23	28	w18-44		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country		8. This corporation owes the current		ļ
24 25	29	30		Personal Property Tax.	X Yes □No	
9. Name and Address of	of Current Registered Agent		No	10. Name and Address of New Re	gistered Agent	
MARIA C SPINOLA		81	Name			ļ
737 EAST 10 ST		82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
HIALEAH FL 33010		83				
THALLATT LE GOOTS		03				
		84	City		FL 85 Zip Code	
SIGNATURE	the State of Florida. Such change the obligations of Section 607.05	e was aythorized by 05, Florida Statutes.	tne corporation	n's poard of directors. Thereby accept	the appointment as registered	
Signature, typed or printed name of re		NOTE: Registered Agent	t signature required	ADDITIONS/CHANGES TO OFFI	CEDS AND DIRECTORS IN	12
T BB	CERS AND DIRECTORS	13. ETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFI		
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			I		☐ Change ☐ A	ddition
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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 region as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Chapter, or on an attachment with an address with all other like empowered.

6A CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP