

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90844 045 \*\*\*150.00

DOCUMENT # P94000045884

Entity Name  
**HIALEAH IMAGING, CORP.**

Principal Place of Business Mailing Address  
~~4410 West 16th Ave #28-A Hialeah, FL 33012~~  
**4410 West 16th Ave #28-A Hialeah, FL 33012**

2. Principal Place of Business Suite, Apt. #, etc. City & State  
**4410 West 16th Ave Suite 28 A. Hialeah, Florida**

3. Mailing Address Suite, Apt. #, etc. City & State  
**4410 West 16th Ave. Suite 28-A Hialeah, Florida**



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country  
**33012 Florida U.S.A. 33012 U.S.A.**

4. FEI Number **65-0501718** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GUTIERREZ, RAFAEL**  
**4410 WEST 16 AVE**  
**#28-F**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent  
 Name **MARIO RAMIREZ**  
 Street Address (P.O. Box Number is Not Acceptable) **1125 WEST 71ST #10**  
 City **Hialeah** FL Zip Code **33014**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *[Signature]* *[Signature]* DATE **4/28/2000**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, RAFAEL 2735 WEST 61 PLACE, #105 HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTIERREZ, ARMANDO 267 MIAMI SPRINGS AVE MIAMI SPRINGS FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMIREZ, MARIO 1125 WEST 71ST STREET, #10 HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARIO RAMIREZ 1125 W 71ST #10 Hialeah, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gael D Gerret 8792 SW 159th PL MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Rafael Gutierrez 2735 West 61 Pl #105 Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04/28/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)