

FILE DATE: FILED FEE AFTER MAY 1 IS \$20.00

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P94000068196 (2)**

1. Corporation Name  
**RAINBOW ELECTRO DIAGNOSTIC CORP.**

Principal Place of Business: **1350 ASTURIA AVE. CORAL GABLES FL 33134**

Mailing Address: **1350 ASTURIA AVE. CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2b. Mailing Address: **26**

22. State, Apt # etc. **27**

23. City & State: **28**

24. City: **25** **29** **30**

3. Date incorporated or qualified: **09/13/1994**

3a. Date of Last Report

4. FEI Number: **65-0520026**

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 notified the shareholders in writing of its status Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**Fernando E. Pelaez**  
**1350 ASTURIA AVE.**  
**CORAL GABLES FL 33134**

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, 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 understand the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>FERNANDO E. PELAEZ</b>
STREET ADDRESS	<b>1350 Asturia Ave.</b>
CITY, ST, ZIP	<b>CORAL GABLES, FLA. 33134</b>
TITLE	<b>DVS</b>
NAME	<b>LESLIE FERNANDEZ</b>
STREET ADDRESS	<b>1181 SW 59th Ave.</b>
CITY, ST, ZIP	<b>MIAMI, FLORIDA, 33144-5133</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		
16. STREET ADDRESS		
17. CITY, ST, ZIP		
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		
21. CITY, ST, ZIP		
22. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		
24. STREET ADDRESS		
25. CITY, ST, ZIP		
26. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		
28. STREET ADDRESS		
29. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions stated in Sections 119.07(2)(b) 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report, or on an attached sheet with an address.

SIGNATURE: *[Signature]*

**Fernando E. Pelaez, PTD**

**3/31/95**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY 22 11:10:15

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. WILSON  
Secretary of State  
Capital Building, Tallahassee, Florida

DOCUMENT # **P94000068226 (7)**

**MONEY NOW, INC.**

Principal Office of Corporation: **424 SW 183RD WAY, PEMBROKE PINES FL 33029**  
Mailing Address: **424 SW 183RD WAY, PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **09/15/1994** 3a. Date of Last Report

2. Principal Office of Corporation: **21** 2a. Mailing Address: **26**

4. FIC Number: **65-0520132** Applied For:  Not Applicable:

22. State: **27** 27. State: **27**

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

23. City: **28** 28. City: **28**

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

24. Zip: **25** 29. Zip: **29** 30. Country: **30**

8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**OROZCO, ALEX  
424 SW 183RD WAY  
PEMBROKE PINES FL 33029**

**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. I, the undersigned, the principal officer of the corporation named herein, hereby accept the appointment as registered agent of the corporation named herein in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation named herein in the State of Florida.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

DP	OROZCO, ALEX 424 SW 183RD WAY PEMBROKE PINES FL 33029
DS	OROZCO, MARCELA 424 SW 183RD WAY PEMBROKE PINES FL 33029
DT	AMADOR, CATHY M 741 SW 99TH TERR. PEMBROKE PINES FL 33025

**13. ADDITIONAL OFFICERS AND DIRECTORS (If any)**

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Section 119.032, Florida Statutes. I further certify that the information made filed 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 195, Florida Statutes, and that my name appears in Block 12 or Block 13 of unchanged, or on an affidavit with an address.

SIGNATURE: *K. Aboyc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 (305) 576-4049  
Date (Year) (Area Code) Phone Number

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Cynthia B. Mumford  
Secretary of State

APPROVED  
NO  
FEES

RECEIVED  
SEP 22 1994  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068752 (2)**

MARIO LOPEZ, DC, PA II

Principal Agent: **4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012**  
 Acting Agent: **4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26**  
 22. Suite, Apt. #, etc.: **27**  
 23. City & State: **28**  
 24. Zip: **25** County: **29** Zip: **30** County:

3. Date Registered or Qualified: **09/19/1994** 3a. Date of Last Report  
 4. FEI Number: **65053412** 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. 199.022 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LOPEZ, MARIO  
4355 WEST 16TH AVENUE  
SUITE 212  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
 B1. Name  
 B2. Street Address, if P.O. Box Number is Not Acceptable  
 B3.  
 B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>PD LOPEZ, MARIO 4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012</b>	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the information stated in Section 13 of this form, Florida Statutes, is further certified that the information is true and correct, 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 registered agent or any other person named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of the report, or both, after receipt with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95  
 205 827 4900  
 Tallahassee, FL