

FILE HERE: FILING FEE AFTER MAY 1 IS \$225.00

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 naturally or through purchase acquired the rights of citizenship of Florida: 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

85. State: **FL**

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: *Fernando E. Pelaez*

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FERNANDO E. PELAEZ
STREET ADDRESS	1350 Asturia Ave.
CITY, ST, ZIP	CORAL GABLES, FLA. 33134
TITLE	DVS
NAME	LESLIE FERNANDEZ
STREET ADDRESS	1181 SW 59th Ave.
CITY, ST, ZIP	MIAMI, FLORIDA, 33144-5133
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 any attachment thereto with an address.

SIGNATURE: *Fernando E. Pelaez* **Fernando E. Pelaez, PTD** **3/31/95**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 22 11:10:15

STATE OF FLORIDA
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: **FL** 27. State: **FL**

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

23. City: **Pembroke Pines** 28. City: **Pembroke Pines**

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

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

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 DIRECTORIES

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 DIRECTORIES

1. NAME	2. STREET ADDRESS	3. CITY	4. STATE	5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	7. STREET ADDRESS	8. CITY	9. STATE	10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	13. CITY	14. STATE	15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	17. STREET ADDRESS	18. CITY	19. STATE	20. ZIP	<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 other form with an address.

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

4-25-95 (305) 576-4049
ISSUE DATE

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Taraiza B. Morton
Secretary of State

APPROVED
NO
FEES

09/19/1994

SECRETARY OF STATE
TARAIZA B. MORTON, FLORIDA

DOCUMENT # **P94000068752 (2)**

1. Corporation Name
MARIO LOPEZ, DC, PA II

Principal Office Location: **4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012**
 Mailing Address: **4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012**

(DO NOT WRITE IN THIS SPACE)

3. Date Registered or Renewed: **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

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

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. City:
 B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD LOPEZ, MARIO 4355 WEST 16TH AVE. SUITE 212 HIALEAH FL 33012	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 corporation stated in Section 11 of this form, Florida Statutes, further certifies that the information is true and correct and that the undersigned 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 of this filing.

SIGNATURE: _____
 SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95
 205 827 4900