

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000084844 (7)

1. Corporation Name

SISTEMAS DE DIAGNOSTICO UNIVERSAL, INC.

Principal Place of Business

Mailing Address

2335 NW 107TH AVE. 1M-52
MIAMI FREE ZONE
MIAMI FL 33172

2335 NW 107TH AVE. 1M-52
MIAMI FREE ZONE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1994

4. FEI Number

65-0535010

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 12245 S.W. 102nd Ct.

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33186

Country

25 Dade

2a. Mailing Address

26 12245 S.W. 102nd Ct.

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33186

Country

30 Dade

9. Name and Address of Current Registered Agent

EDMUNDO OTINIANO, LUIS M
2335 NW 107TH AVE, 1M-52
MIAMI FREE ZONE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12245 S.W. 102nd Ct.

83

84 City

Miami

FL

85 Zip Code

33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME EDMUNDO OTINIANO, LUIS M
STREET ADDRESS 4430 SW 149 CT
CITY-ST-ZIP MIAMI FL

TITLE DT
NAME OTINIANO-ERROCH, HUGO
STREET ADDRESS 11752 SW 117 PL.
CITY-ST-ZIP MIAMI FL

TITLE S
NAME HURTADO, MONICA
STREET ADDRESS 11752 SW 117 PL
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME OTINIANO, SUSANMARIE
STREET ADDRESS 5440 S.W. 150TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ~~VP~~
NAME ~~GALGEDO, ANJOELINE~~
STREET ADDRESS ~~3715 FOUNTAINE BLEU BLVD. #306~~
CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CR2E034 (10/97)