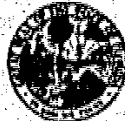


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -9 AM 11:48

DOCUMENT # P94000086270 (3)

1. Corporation Name

J & M DIAGNOSTIC SERVICE CORP.

Principal Place of Business

8220 N.W. 8TH ST.
MIAMI FL 33126

Mailing Address

8220 N.W. 8TH ST.
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

7/31/95

2. Principal Place of Business

21 750 FLORIDA BLVD

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLORIDA

27 City & State

28

Zip

Country

Zip

Country

24 33144

25

29

30

4. FEI Number

65-0535494

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, MARQUEZA
325 N.W. 72ND AVE.
APT. 109
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

ALVAREZ JUAN JOSE

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

83 8220 N.W. 8 ST

84 City

MIAMI

FL

85 Zip Code

33126

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

(NOTE: Registered Agent signature required when reappointing)

DATE

7/31/95

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ALVAREZ, MARQUEZA

STREET ADDRESS

325 N.W. 72ND AVE. APT. 109

CITY - ST - ZIP

MIAMI FL 33126

TITLE

VD

NAME

ALVAREZ, JUAN J

STREET ADDRESS

8220 N.W. 8TH STREET

CITY - ST - ZIP

MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.1 TITLE

PD.

☒ Change

☐ Addition

1.2 NAME

ALVAREZ JUAN JOSE

1.3 STREET ADDRESS

8220 N.W. 8 ST

1.4 CITY - ST - ZIP

MIAMI FL 33126

2.1 TITLE

VD

☒ Change

☐ Addition

2.2 NAME

ALVAREZ MARQUEZA

2.3 STREET ADDRESS

325 N.W. 72 AVE APT 109

2.4 CITY - ST - ZIP

MIAMI FL 33126

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/31/95 (261-1995)

CR2E034 (3-95)