

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086329 (7)**

1. Corporation Name

MED-TECH DIAGNOSTIC INC.

Principal Place of Business

**4338 S.W. 8TH STREET
MIAMI FL 33134**

Mailing Address

**4338 S.W. 8TH STREET
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 200 W. 49 Street

2a. Mailing Address

26 200 W. 49 Street

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

Zip

24 33013

Country

25 U.S.A.

Zip

29 33013

Country

30 U.S.A.

4. FEI Number

65-0518612

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

**TRIGO, ALBERTO
4338 S.W. 8TH STREET
MIAMI 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, 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 of agent or person named as registered agent and 100% owner

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
GARCIA, JOSE M
4338 S.W. 8TH STREET
MIAMI FL 33134**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**VD
VAZQUEZ, ALEJANDRO K J
4338 S.W. 8TH STREET
MIAMI FL 33134**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, next that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6-1-95

(Date)

541-5581

(Telephone Number)