

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Central Office  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 7:50

**DOCUMENT # P94000090001 (6)**

1. Corporation Name

**V & M MOBILE IMAGING SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 20237 N.W. 16TH PLACE MIAMI FL 33179  
Mailing Address: 20237 N.W. 16TH PLACE MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date incorporated or dissolved: 12/13/1994  
3a. Date of Last Report

4. FFI Number: 65-0542818  
Applied For:  Not Applicable:

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

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

8. This corporation has liability for attempts to violate the 1995 Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26

22. Suite Apt # etc: 22  
27. State Apt # etc: 27

23. City & State: 23  
28. City & State: 28

24. City: 24  
25. County: 25  
29. City: 29  
30. County: 30

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

**10. Name and Address of New Registered Agent**

**FRIEDEBERG, AARON M  
20237 N.E. 16TH PLACE  
MIAMI FL 33179**

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 607.0422 and 607.1503, 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. Each 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 provisions of Sections 607.0422 and 607.1503, Florida Statutes.

SIGNATURE: *Hugo Friedeberg* MICHAEL FRIEDEBERG 04/28/95

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PSD
NAME	MICHAEL, AARON
STREET ADDRESS	20237 N.E. 16TH PLACE
CITY, ST, ZIP	MIAMI FL
TITLE	VTD
NAME	VILARINO, HUMBERTO B
STREET ADDRESS	101 N.W. 12TH AVE, SUITE 200
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	ZIP: 33179
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 119.071(6)(b) Florida Statutes. I further certify that the information indicated on the 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Hugo Friedeberg* HUGO FRIEDEBERG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 305/6538735