

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # ~~896A00006824~~ P95000012890
1. Corporation Name

SAN JORGE MOBIL DIAGNOSTIC, INC.

Principal Place of Business: 375 E. 49 ST SUITE 2 HIALEAH, FL.
Mailing Address: 375 E. 49 ST SUITE 2 HIALEAH, FL.

3. Date Incorporated or Qualified: FEB 15, 1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0657206
Applied For: [Blank] No: [Blank]
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: [X] Yes [] No

2. Principal Place of Business: 21 375 E 49 ST. Suite, Apt. #, etc. 22 2 City & State: 23 HIALEAH, FL Zip: 24 33013 Country: 25 USA
2a. Mailing Address: 26 375 E 49 ST Suite, Apt. #, etc. 27 2 City & State: 28 HIALEAH FL Zip: 29 33013 Country: 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: JUNE M. CLARKSON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2640 HOLLYWOOD BLVD.
83 SUITE 201
84 City: HOLLYWOOD, FL 85 Zip Code: 33020

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: June M. Clarkson, JUNE M. CLARKSON 7.19.96
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE: DR + PRES	NAME: GEORGE VLACHANIS	STREET ADDRESS: 780 N.W. 42 AVE # 414-A	CITY-ST-ZIP: MIAMI FL 33126	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: DR + PRES	12 NAME: JOSE LUIS ARCE	13 STREET ADDRESS: 375 E 49 ST #2	14 CITY-ST-ZIP: HIALEAH, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE:	22 NAME:	23 STREET ADDRESS:	24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE:	32 NAME:	33 STREET ADDRESS:	34 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE:	42 NAME:	43 STREET ADDRESS:	44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE:	52 NAME:	53 STREET ADDRESS:	54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE:	62 NAME:	63 STREET ADDRESS:	64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: [Signature] JOSE LUIS ARCE 7.19.96 305-826-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)