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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

Secretary of State DIVISION OF CORPORATIONS

P95000021107 (4) DOCUMENT

IMEXARAY CORPORATION

Principal Place of Business Mailing Address 5557 W. OAKLAND PARK BLVD. STE. 208 5557 W. OAKLAND PARK BLVD, STE. 208 FORT LAUDERDALE FL 33313-1411 FORT LAUDERDALE FL 33313-1411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0559949 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARAY, LUIS E SR. 6193 ROCK ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33319 83 B4 City 85 Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition ARAY, LUIS E SR. NAME 1.2 NAME 6193 ROCK ISLAND ROAD STE. 308 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33319 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ARAY, LUIS E JR. NAME 2.2 NAME 6193 ROCK ISLAND ROAD STE. 308 STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change ■ Addition TITLE 31 TITLE ARAY, CARLOS A NAME 3.2 NAME 6193 ROCK ISLAND ROAD STE. 308 STREET ADDRESS 3.3 STREET ADORESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TETLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

FILED Mar 26 1998 8:00am Secretary of State



14. Thereby certify that the information supplied with this filling 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 of rustee 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 anythment with an address.

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CITY-ST-ZIP