

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024635 (1)

1. Corporation Name

DYNAMIC DIAGNOSTIC INSTITUTE, INC.

Principal Place of Business

Mailing Address

2450 N.E. 135 STREET
SUITE 501
N. MIAMI FL 33181

631 E. 13 ST.
HIALEAH FL 33010

APPROVED
AND
FILED
1996 MAY 21 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



50000015324635
03/28/96-000000-019
11225.00 1225.00

2. Principal Place of Business		2a. Mailing Address	
21 760 SE 8 ST		26 760 SE 8 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 HIALEAH		27 HIALEAH	
City & State		City & State	
23 FL		28 FL	
Zip		Zip	
24 33010		29 33010	
Country		Country	
25 DADE		30 DADE	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1995	
4. FEI Number	Applied For
65 0567 487	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVE~~
~~CORAL GABLES FL 33134~~

81 Name	AIDA C. GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable)	760 SE 8 ST
83	
84 City	HIALEAH
85 Zip Code	33010

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]* DATE: 5-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	(P/R/P/S/T)
NAME	GONZALEZ, PEDRO	1.2 NAME	AIDA C. GONZALEZ
STREET ADDRESS	2450 N.E. 135 STREET, SUITE 501	1.3 STREET ADDRESS	760 SE 8 ST
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP	HIALEAH FL 33010
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 5-20-96 DAYLINE PHONE: 884-4008

CR2E034 (12/95)