

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081501 (5)
 1. Corporation Name
FUTURE DIAGNOSTIC CORP.



Principal Place of Business 427 ANASTASIA AVENUE APT. 8 CORAL GABLES FL 33134	Mailing Address 427 ANASTASIA AVENUE APT. 8 CORAL GABLES FL 33134-7174
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3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 100 N. BISCAYNE BLVD Suite, Apt. #, etc. 2609 City & State MIAMI FL Zip 33132 Country	2a. Mailing Address 26 100 N. BISCAYNE BLVD Suite, Apt. #, etc. 2609 City & State MIAMI FL Zip 33132 Country
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4. FEI Number 65-0623846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AJURIA, SERGIO
427 ANASTASIA AVENUE APT. 8
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **FABIAN WISNIACKI**
 82 Street Address (P.O. Box Number is Not Acceptable)
100 NORTH BISCAYNE BLVD
STE 2609
 84 City **MIAMI** FL 85 Zip Code **33132**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANTERNIK, ADOLFO M	1.2 NAME	
STREET ADDRESS	427 ANASTASIA AVENUE APT. 8	1.3 STREET ADDRESS	100N BISCAYNE BLVD STE 2609
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGAL, MARCELO	2.2 NAME	
STREET ADDRESS	427 ANASTASIA AVENUE APT. 8	2.3 STREET ADDRESS	100 N BISCAYNE BLVD STE 2609
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINSTEIN, EDUARDO D	3.2 NAME	
STREET ADDRESS	427 ANASTASIA AVENUE APT. 8	3.3 STREET ADDRESS	100 N BISCAYNE BLVD STE 2609
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, JOSE M	4.2 NAME	
STREET ADDRESS	427 ANASTASIA AVE., APT. 8	4.3 STREET ADDRESS	100 N BISCAYNE BLVD STE 2609
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	MIAMI FL
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 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 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 _____ DATE **5.78-0082**

CP2E034 (9/96)