

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038681 (8)
 1. Corporation Name
FINLAY DIAGNOSTIC CENTER INC.



Principal Place of Business P.O. BOX 65-1383 MIAMI FL 33265	Mailing Address P.O. BOX 65-1383 MIAMI FL 33265
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1653 SW 17 TERRACE		2a. Mailing Address 26 1653 SW 17 TERRACE		3. Date incorporated or Qualified 05/06/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0662460	
23 City & State MIAMI, FL		28 City & State MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33145		25 Country MIAMI-DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 33145		30 Country MIAMI-DADE		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BETANCOURT, MIGUEL 3500 SW 112 AVE., #215 MIAMI FL 33185				10. Name and Address of New Registered Agent			
				81 Name BETANCOURT, MIGUEL			
				82 Street Address (P.O. Box Number is Not Acceptable) 13237 SW 10th. LANE			
				83			
				84 City MIAMI		85 Zip Code FL 33184	

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 *Miguel Betancourt* **PRESIDENT** **APRIL 27, 1998**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETANCOURT, MIGUEL			1.2 NAME	BETANCOURT, MIGUEL		
STREET ADDRESS	3500 SW 112 AVE. #215			1.3 STREET ADDRESS	13237 SW 10th. LANE		
CITY-ST-ZIP	MIAMI FL 33185			1.4 CITY-ST-ZIP	MIAMI, FL 33184		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, ZENAIDA C			2.2 NAME	GARCIA, ZENAIDA C.		
STREET ADDRESS	3500 SW 112 AVE. #215			2.3 STREET ADDRESS	13237 SW 10th. LANE		
CITY-ST-ZIP	MIAMI FL 33185			2.4 CITY-ST-ZIP	MIAMI, FL 33184		
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 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 *Miguel Betancourt* **PRESIDENT** **APRIL 27, 1998**

CR2E034 (10/97)