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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mort. am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000093396 (5)

ALL-STATE DIAGNOSTIC, INC.

Principal Place of Business

3900 NW 79TH AVE. #487 5 ()

3900 NW 79TH AVE. #450 5 11 MIAMI FL 33166-6548

FILED Jun 03 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City								
Solition Act 1.6 1						11/14/1996		
Solito, Apt 4, etc. 25 Self-Care Self	2. Principal Place of Business	2a. Mailing	Address		-	4. FEI Number		Applied For
Suite, April 4, etc. 2	21 3900 NW 79	1 AVS 26				105-062 392	シる	Not Applicable
Section Campaign Financing Section State Section Campaign Financing	Suite, Apt. #, etc.	Suite, A	pl. #, elc.			-	\$8	.75 Additional
City & State 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	22 5/1	27				5. Certificate of Status Desired		
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RIBARREN, JOSE 10686 CORAL WAY MAMI FL 33165 St. Pursuant to the provisions of Sections 607,0502 and 607,1506. Florida Statules. SIGNATURE TRIBARREN, JOSE 10686 CORAL WAY MAMI FL 33165 St. Pursuant to the provisions of Sections 607,0502 and 607,1506. Florida Statules, the adversarial corporation submits this statement for the purpose of changing its 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 are registered agent, and both provisions of Sections 607,0502 and 607,0505. Florida Statules, the adversarial submits this statement for the purpose of changing its registered agent, and both provisions of Sections 607,0505. Florida Statules. SIGNATURE SIGNATURE FL	Zip _ Cour	ntry Zip		Country	,	8. This corporation has liability for	intanoible tax un	nder s. 199.032.
RIBARREN, JOSE 1088 CORAL WAY MIAMI FL 33165 1088 CORAL WAY MIAMI FL 33166 1088 CORAL WAY MIAMI FL 33166 1089 CORAL WAY M	24 33166 25 D	Ī	30					
10686 CORAL WAY MIAMI FL 33165 88 Cry 89 Cry FL 85 Zrp Code 11. Pursuant to the provisions of Socitors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appairment as registered agent, and accept the obligations of, Socitorio 607.0505 and 607		iress of Current Registered A	gent			10. Name and Address of New Re	gistered Agent	
10-886 CORAL WAY MIAMI FL 3316S 12 Stroot Address (P.O. Box Number is Not Acceptable) 13 Parameter to the provisions of Socions 607.0502 and 607.1508 Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered open. I am familiar vitor, and accept the obligations of, Socion 607.5005, Forida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, lem familiar vitor, and accept the obligations of, Socion 607.5005, Forida Statules. SIGNATURE 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15 Intel 16 Intel 17 Intel 18 Intel 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18 Intel 19 Intel 10 DELETE 21 Title 22 NAME 23 SIREIT ADDRESS 24 CITY-51-2P 10 DELETE 21 Title 22 NAME 33 SIREIT ADDRESS 24 CITY-51-2P 10 DELETE 31 Title 32 NAME 33 SIREIT ADDRESS 24 CITY-51-2P 17 Intel 35 SIREIT ADDRESS 25 CITY-51-2P 17 Intel 36 SIREIT ADDRESS 27 ONLY 51-2P 17 Intel 37 Intel 38 SIREIT ADDRESS 28 CITY-51-2P 17 Intel 38 SIREIT ADDRESS 29 SIREIT ADDRESS 20 SIREIT ADDRESS 21 SIREIT ADDRESS 21 SIREIT ADDRESS 22 SIREIT ADDRESS 23 SIR	IRIBARREN, JOSE			81	Name			
MIAMI FL 33165 84 City FL 85 Zip Code St. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statules Statul	10686 CORAL WAY							
1.1 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above namest 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 byte corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, syndo or printed hard or diregistered agent and talled a systeware. (IRDII fingulated Agent separate required what mentating) DAIL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEFICERS AND DIRECTORS 14. CITY ST. ZP MIAMI FL 33185 14. CITY ST. ZP MIAMI FL 33185 DELETE 17. THE DELETE 17. THE DELETE 27. THE DELETE 2				82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
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SIGNATURE	11. Pursuant to the provisions of Se	ections 607,0502 and 607,1508,	Florida Statutes	s, the above	e-named corp	poration submits this statement for the p	ourpose of chang	ging its registered
	agent. I am familiar with, and a	ccept the obligations of, Section	607.0505, Flor	rida Statutes) trie corpora 8.	norts board of directors. Thereby accep	pt the appointme	ilit as registered
	SIGNATURE							1
TITLE	Signature, typed or printed na	ame of registered agon, and tille if applicable	o. (NOTI	Registered Ago	int signature requi	red when reinstating)	DATE	
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14. 190 hereby 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 past and that my signature shall have the same local effect as display and that the			 					
	14. I do hereby certify that the information indicated on this an	mation supplied with this filing of the control of the control of supplemental and the control of the control o	goes not qualify nual report is tru	ror the exe Je and acci	mption stated irale and that	a in Section 119.07(3)(i), Florida Statute Lmy signature shall have the same lega	is. I further certify al effect as if mad	y that the de under oath; that