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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P97000008104

1. Corporation Name
X RAYS ON Wheels Corp.

Principal Place of Business / Mailing Address
11716 S.W. 143 Ave
Miami, Fl 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 11716 SW 143 Ave
Suite, Apt #, etc
22 Miami Fl 33186
City & State
23
Zip 24 33186 | Country 25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 | Country 30

4. FEI Number 65-0722256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Jose W. LORENZO
11716 S.W. 143 Ave
Miami Fl. 33186

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 04-26-98
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	Jose W. LORENZO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESIDENT		1.2 NAME	
STREET ADDRESS	11716 S.W. 143 Ave Mia Fl		1.3 STREET ADDRESS	
CITY-ST-ZIP	33186		1.4 CITY-ST-ZIP	
TITLE	Treasury / Secretary	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Marilyn LORENZO		2.2 NAME	
STREET ADDRESS	11716 S.W. 143 Ave		2.3 STREET ADDRESS	
CITY-ST-ZIP	Mia Fl 33186		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	300002552383
STREET ADDRESS			4.3 STREET ADDRESS	-06/09/98--01016--054
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	CC 6/4
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] 04-26-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #