

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

APPROVED  
AND  
FILED

99 JUN -7 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1999  
FLORIDA DEPARTMENT OF STATE  
Kathleen Morris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000028351  
1. Corporation Name

American Radiographic Products, Inc.

Principal Place of Business  
2455 SW 27th Ave  
Suite 120  
Miami, FL 33145  
Mailing Address  
2455 SW 27th Ave  
Suite 120  
Miami, FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0739658	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes the current year Intangible	
24	29	Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

Leonardo Machado  
7101 W 11 Ct  
Hialeah, FL 33012

10. Name and Address of New Registered Agent

81 Name  
Omar V. Perez  
82 Street Address (P.O. Box Number is Not Acceptable)  
2280 SW 132 Avenue  
83  
84 City  
Miami  
85 Zip Code  
FL 33175

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

5/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
<input type="checkbox"/> DELETE	President Omar V. Perez 2280 SW 132 Avenue Miami, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		1.2 NAME	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
<input type="checkbox"/> DELETE		2.2 NAME	
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

5/10/99 (305) 860-0911

CR2E034 (11/98)