

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90071 046 ***150.00

DOCUMENT # P98000028186 *ok*

1. Corporation Name

DORAL IMAGING, INC.

Principal Place of Business

3900 N.W. 79th AVE.
SUITE #450
MIAMI, FL. 33166

Mailing Address

3900 N.W. 79th AVE.
SUITE #450
MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 SUITE #511

26 780 N.W. 42nd AVE.
27 SUITE #416

23 City & State
28 MIAMI FL

24 Zip Country
25 33126

29 33126 30

4. FEI Number

65-0823359

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CANLER, ALBERTO
3900 N.W. 79th AVE. #450
MIAMI, FL. 33166

10. Name and Address of New Registered Agent

81 Name

RUBIO, CIRA M.

82 Street Address (P.O. Box Number is Not Acceptable)

3900 N.W. 79th AVE.

83 #511

84 City
MIAMI

FL

85 Zip Code
33166

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 *X*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IRIBARREN, JOSE
STREET ADDRESS	3900 N.W. 79th AVE. #450
CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUBIO, CIRA M.
1.3 STREET ADDRESS	3900 N.W. 79th AVE. #511
1.4 CITY-ST-ZIP	MIAMI, FL. 33166
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIRA M. RUBIO PRES

Date

Daytime Phone #

CR2E034 (1/98)