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

03-22-1999 90139 041 ***150.00

P98000028208

FILED

99 SEP 15 PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000028208

1. Corporation Name
INTERNATIONAL DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
3115 WEST 4TH AVENUE SUITE 333 HIALEAH FL 33012	3115 WEST 4TH AVENUE SUITE 333 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1998

2. Principal Place of Business	2a. Mailing Address
21 International Diagnostic Inc	26 International Diagnostic Inc
Suite, Apt. #, etc 22 12809 SW 42 Street	Suite, Apt. #, etc. 27 12809 SW 42 Street
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33175 25 USA	Zip / Country 29 33175 30 USA

4. FEI Number: 65-0841147 ☐ 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

SANZ, NATALIE
3115 WEST 4TH AVENUE
SUITE 333
HIALEAH FL 33012

10. Name and Address of New Registered Agent

61 Name: Sanz, Natalie
62 Street Address (P.O. Box Number is Not Acceptable): 12809 SW 42 Street
63
64 City: Miami FL 65 Zip Code: 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 _____ DATE
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	PVST	☐ DELETE	1.1 TITLE	PVST	☐ Change ☐ Addition
NAME	SANZ, NATALIE		1.2 NAME	Sanz, Natalie	
STREET ADDRESS	3115 WEST 4TH AVENUE		1.3 STREET ADDRESS	12809 SW 42 Street	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	Miami FL 33175	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	SANZ, NATALIE		2.2 NAME	Sanz, Natalie	
STREET ADDRESS	3115 WEST 4TH AVENUE		2.3 STREET ADDRESS	12809 SW 42 Street	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Miami FL 33175	
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		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		SP
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, with all other like empowered.

SIGNATURE: X [illegible] TREASURER 3-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)