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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P98000051007

Katherine Harris Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90054 012 ***150.00

-= :=

·= :::

:-= 20:

M.I.T. Di	AGNOSTICS, INC.												
Principal Place	e of Business	Mailing A	Address				- I						1111 1001 1001
10640 NW 26TH	1 PL	10640 NV	V 26TH PL										
SUNRISE FL 33322 SUNRISE FL 33322							DO NOT WRITE IN THIS SPACE				=		
							3 Doto	Incorporated			SFACI		
							1 -	•	Or Qualifeu	ļ			- 1
O Direiral D	lace of Business	2a. Mailir	ng Address	-			4. FEI N	4/1998				Ann	lied For
─ ¬ ′	lace of Busilless	\vdash	ilg Address					5-08r	100	_	-	+ ··	Applicable
21 Suito Ant	# etc	26 Suite	Ant # etc				10-	<u> </u>	110 1		\$8		ditional
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certifo	cate of Status	s Desired			e Req	
City & State			City & State				6 Election	on Campaigr	Financing		\$5	.00 4	May Be
23	_	28						Fund Contrib				lded to	
Zip	Country	Zip		Countr	y		8, This o	corporation of	wes the cur	rent year In	tangible		
24	25	29		30			Perso	nal Property	Tax.		☐ Ye	s [□No
,	9. Name and Address of Curr	тепt Registered	Agent				10. Name	and Addre	ss of New	Registered	Agent		
		-		81	1 N	lame							
	IZALEZ, CARLOS M			82	2 5	treet Addre	ess (P.O. Bo	x Number is	Not Accept	able)			
	SW 104TH PL			ا ا	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓								
MIAN	AI FL 33174			83	3	. "							
				84	4 6	City					85	Zip Co	ode
				"	۲۱ ۲	, y				FL	-		_
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ate of Florida, Suc	ch change was a	authorized by	v the	amed corpo	oration subm n's board of	nits this state directors. I h	ment for the nereby acce	e purpose of pt the appo	f changi intment	ng its r as reg	egistered istered
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Flo	authorized by orida Statute E: Registered Age	y the es,	corporation	when reinstating	i)		DATE			
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ate of Florida. Sud ligations of, Section	ch change was a on 607.0505, Flo able. (NOT	authorized by orida Statute E: Registered Age 13.	ent sign	corporation	when reinstating	directors. 1 r		DATE	ND DIRI	CTOF	RS IN 12
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Flo	E: Registered Age	ent sign	corporation	when reinstating	i)		DATE		CTOF	
office or reagent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D GONZALEZ, CARLOS M	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Flo able. (NOT	E: Registered Age 13. 1.1 TITLE 1.2 NAME	ent sign	nature required	when reinstating	i)		DATE	ND DIRI	CTOF	RS IN 12
office or reagent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Flo able. (NOT	E: Registered Age	ent sign	nature required	when reinstating	i)		DATE	ND DIRI	CTOF	RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D GONZALEZ, CARLOS M	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Floring the change was a confidence of the change was a confidence with the change was a confidence was a confide	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent sign	nature required	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Flo able. (NOT	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.4 CITY- 2.1 TITLE	ent sign	nature required	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Floring the change was a confidence of the change was a confidence with the change was a confidence was a confide	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent sign	nature required DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Floring the change was a confidence of the change was a confidence with the change was a confidence was a confide	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ent sign	DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fluible. (NOTESS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent sign ET ADC ST-ZIF	DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Floring the change was a confidence of the change was a confidence with the change was a confidence was a confide	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ent sign ent sign ET ADC ST-ZIF	DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fluible. (NOTESS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent sign ent sign ent sign ET ADC ST-ZIF	DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fluible. (NOTESS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE	ent sign ent	DRESS DRESS DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, File (NOT) RS DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ent sign ent	DRESS DRESS DRESS	when reinstating	i)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fluible. (NOTESS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE	ent sign ET ADC ST-ZIF ET ADC -ST-ZIF ET ADC	DRESS DRESS DRESS	when reinstating	i)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, File (NOT) RS DELETE DELETE	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ent sign ent sign ET ADD ST-ZIF EET ADT ST-ZIF EET ADT ST-ZIF EET ADT ST-ZIF EET ADT EET AD	DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, File (NOT) RS DELETE DELETE	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE	ent sign ET ADD ST-ZIF EST-ZIF EST-	DRESS P DRESS IP DRESS	when reinstating	i)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
office or raggent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fix (NOT) RS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.1 STREE 4.2 NAME 4.3 STREE 4.4 CITY-	ent sign ent	DRESS P DRESS IP DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, File (NOT) RS DELETE DELETE	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE	ent sign ent	DRESS P DRESS IP DRESS	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition Addition Addition
office or reagent. I air SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fix (NOT) RS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.1 TITLE	ent sign ent sign ent sign EET ADC ST-ZIF EET ADC -ST-ZIF EET ADC -ST-ZIF EET ADC ST-ZIF EET ADC ST-ZIF EET ADC ST-ZIF EET ADC	DRESS P DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fix (NOT) RS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.2 NAME 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME 5.3 NAME	ent sign ent	DRESS P DRESS P DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange	RS IN 12 Addition Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	ch change was a on 607.0505, Fix (NOT) RS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.5 STREE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 STREE 5.3 STREE 5.3 STREE	ent sign ent	DRESS P DRESS P DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange ange ange ange	RS IN 12 Addition Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS of GONZALEZ, CARLOS M 1509 SW 104TH PL	ate of Florida, Sud ligations of, Section	Ch change was a on 607.0505, Fix (NOT) RS	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.3 STREE 5.4 CITY- 5.1 TITLE 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 STREE 5.4 CITY-	ent sign ent	DRESS P DRESS P DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange ange ange ange	RS IN 12 Addition Addition Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of printed name of registered a OFFICERS. D GONZALEZ, CARLOS M 1509 SW 104TH PL MIAMI FL 33174	ate of Florida, Sud ligations of, Section	Ch change was a on 607.0505, Fix (NOT) RS	E: Registered Age 13. 1.1 TiTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 4.2 NAME 4.2 NAME 4.3 STREE 4.5 STREE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 STREE 5.3 STREE 6.1 TITLE 6.1 TITLE 6.1 TITLE	ent sign ent	DRESS P DRESS P DRESS P DRESS P	when reinstating	i)		DATE	ND DIRI	ECTOR ange ange ange ange	RS IN 12 Addition Addition Addition Addition

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 of the receipts 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

代でない。 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR