

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90007 007 \*\*\*150.00

**DOCUMENT # P98000092087**

1. Corporation Name

**PROFESSIONAL READING & DIAGNOSTICS INC.**



Principal Place of Business  
2455 SW 27TH AVENUE, STE 120  
MIAMI FL 33145

Mailing Address  
2455 SW 27TH AVENUE, STE 120  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1998**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**65-0879401**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, LISBETT**  
**10099 NW 127TH STREET**  
**HIALEAH GARDENS FL 33018**

81 Name

**CARLOS RIVERO**

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

**2455 SW 27 AVENUE**

83

**Suite 120**

84 City

**Miami**

**FL**

85 Zip Code

**33145**

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)

DATE

**7/2/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTSD** ☒ DELETE  
NAME **DIAZ, LISBETT**  
STREET ADDRESS **10099 NW 127TH STREET**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

1.1 TITLE **PTSD** ☒ Change ☐ Addition  
1.2 NAME **CARLOS RIVERO**  
1.3 STREET ADDRESS **2455 SW 27 AVE # 120**  
1.4 CITY-ST-ZIP **Miami FL 33145**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/2/99**

**305 857-3450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P98000092087  
602284-90007-7

**PROFESSIONAL READING & DIAGNOSTICS, INC.**

July 2, 1999

Division of Corporations  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Reference: Corporation # P98000092087

To Whom It May Concern:

We received just yesterday an Annual Report filing packet advising us that it was the 2<sup>nd</sup> notice.

As you are well aware we recently had a change of address, therefore we never received the first notice package.

Also this is the first year that our corporation was opened and we were not too familiar with the standards of these filings.

Enclosed is the filing application with the updated registered agents and officers and also a check in the amount of \$150.00 for the filing fee.

In the beginning of the next year we will assure you that the filings will be on time. Please accept our apologies for this inconvenience.

Sincerely,

  
Carlos Rivero  
President