FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S28326**

1. Corporation Name

MEDICAL IMAGING ENGINEERING, INC.

Principal Place of Business Mailing Address					- I TOO ELONG THE THOU THE STATE SHIP OF THE TOO OF THE TOO	HOST BIRTH OF OUR BLOCK O	14 81 81 811 18 84
		7768 NW 72ND AVE.	•				
MIAMI LAKES FL 33166		MIAMI LAKES FL 33166		DO NOT WRITE IN T	יחום פפאסבייייי		
			,	_	3. Date Incorporated or Qualifed	HIS SPACE	•
	•				01/30/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	200 C. 205/1000	26	1		65-0268319	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	• .	City & State		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	o Fees
Zip			_ Country □	•	8. This corporation owes the current year		
24	[25]	29 30	0}		Personal Property Tax. 10. Name and Address of New Register		□No
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registe	reu Agent	
BELLO, JOSE A.			["	(Valle			
	NW 72 AVE.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33166			83				
							· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85 Zip C	ode
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above-named comporation submits this statement for the purpose of changing its regis							registered
office or #	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by:	the corporate	on's board of directors. I hereby accept the a	ppointment as rec	jistered
SIGNATURE		ANOTE: D	nainteend Acor	nt cianatura require	sd when reinstating) DAT	-	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS		13.	nt signatura require	ADDITIONS/CHANGES TO OFFICER		R\$ IN 12
TITLE			1.1 TITLE			☐ Change	☐ Addition
NAME	SUAREZ, RAFAEL	AFAEL 12N					
STREET ADORESS	7768 N.W. 72ND AVE.		1.3 STREET	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	17-21P			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME }	I		2.2 NAME				ł
STREET ADDRESS			2.3 STREET	T ADDRESS			
C/TY-ST-ZIP	MIAMI FL 33166	2.4		ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	BELLO, JOSE A		3.2 NAME				ļ
STREET ADDRESS	7768 N.W. 72ND AVE.		3.3 STREET	T ADDRESS			Ĭ
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY- S	ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME !			6.2 NAME				

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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IGNING OFFICER OR DIRECTOR