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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90196 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V02902

1. Corporation Name

INTERNATIONAL RADIOGRAPHIC, INC.

Principal Place of Business

900 W. 49 ST.
308
HIALEAH FL 33012
US

Mailing Address

900 W. 49 ST.
308
HIALEAH FL 33012
US

2. Principal Place of Business

21 900 W. 49th St

Suite, Apt. #, etc.

22 Suite 438

City & State

23 HIALEAH, FLORIDA

Zip Country

24 33012

25 U.S.A.

2a. Mailing Address

26 900 W. 49th St.

Suite, Apt. #, etc.

27 Suite 438

City & State

28 HIALEAH, FLORIDA

Zip Country

29 33012

30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

65-0336308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

YOUNG, PHILIP
7500 NW 41 STREET
SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

PHILIP YOUNG

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

900 W. 49th St.

83

Suite 438

84 City

Hialeah

85 Zip Code

33012

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 PHILIP YOUNG

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

(NOTE: Registered Agent signature required when reinstating)

04-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME YOUNG, PHILIP
STREET ADDRESS 1840 W 49TH ST. STE. #305A
CITY-ST-ZIP HIALEAH FL

TITLE V ☒ DELETE

NAME MCINTOSH, DOUGLAS
STREET ADDRESS 7500 NW 75 STREET, SUITE 1005A
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-99

Date

305-826-7865

Telephone #

CD2024 14108

0126638