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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
OFFICE OF CORPORATIONS

DOCUMENT # **V18363** (4)
CORPORATION NAME
CORAL GABLES MRI, INC.

DO NOT WRITE IN THIS SPACE

Previous Name (if changed) **780 NW 42ND AVENUE SUITE 405 MIAMI FL 33126**
Mailing Address **1300 PONCE DE LEON BLVD CORAL GABLES FL 33134**

3. Date of Incorporation or Qualification **02/27/1992** 3a. Date of Last Report **05/01/1994**

21. Previous Mailing Address **747 Ponce De Leon Blvd** 2a. Mailing Address **747 Ponce De Leon Blvd**
State and Zip **DADE 33134** State and Zip **DADE 33134**

4. FEI Number **65-0334496** Applied For Not Applicable

22. City and State **CORAL GABLES, FL** 27. City and State **CORAL GABLES, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Name of Registered Agent **BRACERAS, WILFRED** 28. Name of New Registered Agent **BRACERAS, WILFRED**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Name of Current Registered Agent **BRACERAS, WILFRED** 25. Address of Current Registered Agent **1200 PONCE DE LEON BLVD CORAL GABLES FL 33134**

8. This corporation has liability for intangible tax under Florida Statutes Yes No

26. Name of New Registered Agent **BRACERAS, WILFRED**
27. Street Address (P.O. Box Number if Not Applicable) **600 W. 20th St.**
28. City **MIAMI** 29. State **FL** 30. Zip **33134**

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.15(6), Florida Statutes, the above named corporation submits the 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 take the responsibility for the filing of this report. **04/11/95**

SIGNATURE **[Signature]** OFFICE OF THE SECRETARY OF STATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CP	BRACERAS, WILFRED 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	DEL BEATRIZ 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	DT HOURANI, MUKBIL H. 1200 PONCE DE LEON BLVD. CORAL GABLES FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	DV DIAZ, ROSENDO 1200 PONCE DE LEON BLVD. CORAL GABLES FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and that it is qualified for the registration stated in law. I am familiar with and take the responsibility for the filing of this report or supplemental annual report or both and I am a resident of the State of Florida. I am familiar with and take the responsibility for the filing of this report or supplemental annual report or both and I am a resident of the State of Florida. I am familiar with and take the responsibility for the filing of this report or supplemental annual report or both and I am a resident of the State of Florida. I am familiar with and take the responsibility for the filing of this report or supplemental annual report or both and I am a resident of the State of Florida.

SIGNATURE: **[Signature]** OFFICE OF THE SECRETARY OF STATE