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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V35984 (6)

1. Corporation Name  
UNIVERSAL DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business  
6175 N.W. 167TH STREET, UNIT G-1  
MIAMI FL 33015

Mailing Address  
6175 N.W. 167TH STREET, UNIT G-1  
MIAMI FL 33015-4300



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

02/14/1996

4. FEI Number

65-0329238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

VALDES, VICTOR  
6175 NW 167TH ST., UNIT G-1  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VALDES, VICTOR  
STREET ADDRESS 6175 NW 167TH ST., G-1  
CITY-ST-ZIP MIAMI FL 33015

TITLE VP ☐ DELETE

NAME BRUNELLI, PETER  
STREET ADDRESS 6175 NW 167TH ST., G-1  
CITY-ST-ZIP MIAMI FL 33015

TITLE T ☐ DELETE

NAME VALDES, MARTA I  
STREET ADDRESS 6175 NW 167TH ST., G-1  
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☐ DELETE

NAME DESISTO, MIKE  
STREET ADDRESS 6175 NW 167TH ST., G-1  
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☐ DELETE

NAME MELTZER, MIKE  
STREET ADDRESS 6175 NW 167TH ST., G-1  
CITY-ST-ZIP MIAMI FL 33015

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 do 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, as changed, or on an attachment with an address

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
H. A. LEONARDI, SECRETARY-TREASURER

2/4/97 (305) 822-8254  
Date  
Daytime Phone #

0122718

CR2E034 (9/96)