

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **331993** (6)

1. Corporation Name  
**ACEITUNO CLINICAL LABORATORY, INC.**



Principal Place of Business: **1330 CORAL WAY. #101 MIAMI FL 33145**  
 Mailing Address: **1330 CORAL WAY. #101 MIAMI FL 33145**

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **07/02/1968**  
 3a. Date of Last Report: **02/28/1995**  
 4. FID Number: **59-1217037**  
 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

9. Name and Address of Current Registered Agent  
**ACEITUNO, LUIS H  
 8234 S.W. 84TH AVENUE  
 MIAMI FL 33143**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Numbers Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0609 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record in the State of Florida. Such change was authorized by the corporation's Board of Directors. The by accept the appointment as registered agent, I am familiar with and understand the obligations of Section 607.0605, Florida Statutes.  
 SIGNATURE: *Luis H. Aceituno* (Same as listed)  
 Date: *4/4/96*

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ACEITUNO, LUIS H	
STREET ADDRESS	8234 S.W. 84TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ACEITUNO, LUIS J	
STREET ADDRESS	8234 S.W. 84TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 \*\*\*200.00

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not constitute an exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 its agent 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 of this report.  
 SIGNATURE: *[Signature]*  
 SIGNATURE AND DATE CLEAR PRINTED BY NAME OF SIGNING OFFICER OR DIRECTOR: *4/4/96 (305) 852-0900*

CR2E034 (12/95)

JR 4/18/96