

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **339723** (9)
1. Corporation Name
LABORATORY SERUMS INC



Principal Place of Business 3628 N.W. 16TH ST. FT. LAUDERDALE FL 33311	Mailing Address 3628 N.W. 16TH ST. FT. LAUDERDALE FL 33311-4150
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3. Date Incorporated or Qualified 01/02/1969	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1299366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
**SANDORA, LOUIS
3628 N.W. 16TH ST.
FT LAUDERDALE FL 33311**
This is not a new agent but his correct name.

10. Name and Address of New Registered Agent
81 Name **M. Louis Sandora**
82 Street Address (P.O. Box Number is Not Acceptable)
3628 NW 16th St
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33311**

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 *M. Louis Sandora Pres.* DATE **3/5/97**

12. OFFICERS AND DIRECTORS	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME SANDORA, LOUIS	
STREET ADDRESS 3628 N.W. 16TH ST.	
CITY-ST-ZIP FT. LAUDERDALE FL	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME M. Louis Sandora	
1.3 STREET ADDRESS 3628 N.W. 16th ST.	
1.4 CITY-ST-ZIP Ft. Lauderdale, FL	
2.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Antoinette Sandora	
2.3 STREET ADDRESS 3628 N.W. 16th ST	
2.4 CITY-ST-ZIP Ft. Lauderdale, FL	
3.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Louis M. Sandora	
3.3 STREET ADDRESS 3628 N.W. 16th ST	
3.4 CITY-ST-ZIP Ft. Lauderdale, FL	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *M. Louis Sandora* DATE: **3/5/97** (954) 583-0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)