

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **349695** (7)

1. Corporation Name

**GRANDA CLINICAL LABORATORY, INC.**

Principal Place of Business

1980 CORAL WAY  
 MIAMI FL 33145

Main Address

1980 CORAL WAY  
 MIAMI FL 33145



2. Principal Place of Business

2a. Main Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

g. Name and Address of Current Registered Agent

**GRANDA, ENRIQUE DE  
 9220 S W 67TH ST  
 MIAMI FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

3. Date Incorporated or Qualified	3a. Date of Last Report
07/18/1969	04/11/1995
4. FEI Number	Applied For
59-1268572	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
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0642 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. The duly elected the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0635, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDA, ENRIQUE DE	
STREET ADDRESS	9220 S W 67TH ST	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDA, MAGALY DE	
STREET ADDRESS	9220 S W 67TH ST	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1.4 CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied by me is true and correct, if exempted does not qualify for the exemption stated in Section 119.071 and, Florida Statutes. I further certify that the information included on the 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 the name of the individual authorized 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 added to the current list of officers and directors.

SIGNATURE: **Enrique De GRANDA** *Enrique De Granda* 4-15/96 396-0538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)