

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F17829 (5)
 1. Corporation Name
MIAMI MEDICAL LABORATORIES, INC.

Principal Place of Business 434 SW 12TH AVENUE MIAMI FL 33130	Mailing Address 434 SW 12TH AVENUE MIAMI FL 33130
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1981	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		22		23	
24		25		26	
27		28		29	
30		31		32	
33		34		35	
36		37		38	
39		40		41	
42		43		44	
45		46		47	
48		49		50	
51		52		53	
54		55		56	
57		58		59	
60		61		62	
63		64		65	
66		67		68	
69		70		71	
72		73		74	
75		76		77	
78		79		80	
81		82		83	
84		85		86	
87		88		89	
90		91		92	
93		94		95	
96		97		98	
99		100		101	
102		103		104	
105		106		107	
108		109		110	
111		112		113	
114		115		116	
117		118		119	
120		121		122	
123		124		125	
126		127		128	
129		130		131	
132		133		134	
135		136		137	
138		139		140	
141		142		143	
144		145		146	
147		148		149	
150		151		152	
153		154		155	
156		157		158	
159		160		161	
162		163		164	
165		166		167	
168		169		170	
171		172		173	
174		175		176	
177		178		179	
180		181		182	
183		184		185	
186		187		188	
189		190		191	
192		193		194	
195		196		197	
198		199		200	
201		202		203	
204		205		206	
207		208		209	
210		211		212	
213		214		215	
216		217		218	
219		220		221	
222		223		224	
225		226		227	
228		229		230	
231		232		233	
234		235		236	
237		238		239	
240		241		242	
243		244		245	
246		247		248	
249		250		251	
252		253		254	
255		256		257	
258		259		260	
261		262		263	
264		265		266	
267		268		269	
270		271		272	
273		274		275	
276		277		278	
279		280		281	
282		283		284	
285		286		287	
288		289		290	
291		292		293	
294		295		296	
297		298		299	
300		301		302	
303		304		305	
306		307		308	
309		310		311	
312		313		314	
315		316		317	
318		319		320	
321		322		323	
324		325		326	
327		328		329	
330		331		332	
333		334		335	
336		337		338	
339		340		341	
342		343		344	
345		346		347	
348		349		350	
351		352		353	
354		355		356	
357		358		359	
360		361		362	
363		364		365	
366		367		368	
369		370		371	
372		373		374	
375		376		377	
378		379		380	
381		382		383	
384		385		386	
387		388		389	
390		391		392	
393		394		395	
396		397		398	
399		400		401	
402		403		404	
405		406		407	
408		409		410	
411		412		413	
414		415		416	
417		418		419	
420		421		422	
423		424		425	
426		427		428	
429		430		431	
432		433		434	
435		436		437	
438		439		440	
441		442		443	
444		445		446	
447		448		449	
450		451		452	
453		454		455	
456		457		458	
459		460		461	
462		463		464	
465		466		467	
468		469		470	
471		472		473	
474		475		476	
477		478		479	
480		481		482	
483		484		485	
486		487		488	
489		490		491	
492		493		494	
495		496		497	
498		499		500	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANTON, EDUARDO 1385 CORAL WAY STE 406 MIAMI FL 33145				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
(Signature, typed or printed name of registered agent and fee if applicable) (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	\$	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZCUE, MIRIAM C	1.2 NAME	
STREET ADDRESS	6405 LEONARD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZCUE, RAFAEL J	2.2 NAME	
STREET ADDRESS	6405 LEONARDO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Rafael Azcua* 2/25/98 (305) 649-7930

CR2E034 (10/97)