

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 *915.00*

APPROVED  
AND  
FILED

1997 MAY -9 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT  
*ab-1997*



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

DOCUMENT # P93000035760  
1. Corporation Name  
**BIO\_DIAGNOSTICA, INC.**

Principal Place of Business: **7200 N.W. 7th St 2nd Floor Miami, Fl. 33126**  
Mailing Address: **7200 N.W. 7th St 2nd Floor Miami, Fl. 33126**

|                                |    |                     |    |                                   |    |                         |    |  |    |
|--------------------------------|----|---------------------|----|-----------------------------------|----|-------------------------|----|--|----|
| 21                             | 22 | 23                  | 24 | 25                                | 26 | 27                      | 28 | 29   | 30 |
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified |    | 3a. Date of Last Report |    | 4. FEI Number  |    |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 5/18/93                           |    | 5/18/93                 |    | 65-0423599   |    |
| City & State                   |    | City & State        |    | Applied For                       |    | Applied For             |    | Not Applicable   |    |
| Zip                            |    | Country             |    | Zip                               |    | Country                 |    | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |    |
| 24                             |    | 25                  |    | 29                                |    | 30                      |    | 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 |    |

9. Name and Address of Current Registered Agent  
**Leslie A. Gonzalez Smith  
815 N. Red Road Suite 400  
Miami, Fl. 33126**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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.

**Leslie A. Smith**  
Signature and Typed or Printed Name of Registered Agent and the Applicable DATE

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D/P                        | <input type="checkbox"/> DELETE            |
| NAME           | Louis Gonzalez             |  |
| STREET ADDRESS | 815 N. Red Road, Suite 400 |  |
| CITY-ST-ZIP    | Miami, Fl. 33126           |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | Lisa M. Ramos              |  |
| STREET ADDRESS | 815 N. Red Road Suite 400  |  |
| CITY-ST-ZIP    | Miami, Fl. 33126           |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | Leslie Ann Smith           |  |
| STREET ADDRESS | 815 N. Red Road Suite 400  |  |
| CITY-ST-ZIP    | Miami, Fl. 33126           |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN

**REINSTATEMENT** *add back 6/10/97*

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | D/S                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Iris J. Gonzalez     |  |
| 1.3 STREET ADDRESS | 7200 N.W. 7th Street |  |
| 1.4 CITY-ST-ZIP    | Miami, Fl. 33126     |  |
| 2.1 TITLE          | D/VP/T               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Lisette Nunez        |  |
| 2.3 STREET ADDRESS | 7200 N.W. 7th Street |  |
| 2.4 CITY-ST-ZIP    | Miami, Fl. 33126     |  |
| 3.1 TITLE          | D/VP                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Andres Ramos         |  |
| 3.3 STREET ADDRESS | 7200 N.W. 7th Street |  |
| 3.4 CITY-ST-ZIP    | Miami, Fl. 33126     |  |
| 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    |                      |  |

900002181709-4  
-05/16/97--01097--016  
\*\*\*\*923.75 \*\*\*\*923.75

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04-17* Daytime Phone #: *378-5670*

CR2E034 (9/96)