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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P94000007508 (2)

1. Corporation Name
G & G LABORATORIES, INC.



Principal Place of Business: **417 E. SHERIDAN ST. SUITE 240 DANIA FL 33004**
 Mailing Address: **417 E. SHERIDAN ST. SUITE 240 DANIA FL 33004-4803**

3. Date Incorporated or Qualified: **01/31/1994**
 3a. Date of Last Report: **03/20/1996**
 4. FEI Number: **65-0464310**
 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**

2. Principal Place of Business: **21 20533 BISCAYNE BLVD. SUITE, Apt. #, etc. SUITE# 04 N-226 CITY & STATE AVENTURA, FL. ZIP 33180 COUNTRY DADE**
 2a. Mailing Address: **26 20533 BISCAYNE BLVD. SUITE, Apt. #, etc. SUITE # 04 N-226 CITY & STATE AVENTURA, FL. ZIP 33180 COUNTRY DADE**

9. Name and Address of Current Registered Agent: **GARIBOTTO, DANIEL A 417 E. SHERIDAN ST. SUITE 240 DANIA FL 33004**
 10. Name and Address of New Registered Agent: **81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	<input type="checkbox"/> DELETE	1.1 TITLE: PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARIBOTTO, DANIEL A		1.2 NAME: GARIBOTTO, DANIEL A.	
STREET ADDRESS: 417 E. SHERIDAN ST., SUITE 240		1.3 STREET ADDRESS: 20533 BISCAYNE BLVD. SUITE#04 N226	
CITY-ST-ZIP: DANIA FL 33004		1.4 CITY-ST-ZIP: AVENTURA, FL. 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD	<input type="checkbox"/> DELETE	2.1 TITLE: VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARIBOTTO, MARLI E		2.2 NAME: GARIBOTTO, MARLI E.	
STREET ADDRESS: 417 E. SHERIDAN ST., SUITE 240		2.3 STREET ADDRESS: 20533 BISCAYNE BLVD. SUITE#04 N226	
CITY-ST-ZIP: DANIA FL 33004		2.4 CITY-ST-ZIP: AVENTURA, FL. 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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 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]* **02/27/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)