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Jan 28 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 # P94000070395 (6)

1. Corporation Name
M & M LABTEST CORPORATION

Principal Place of Business	Mailing Address
2000 S DIXIE HWY SUITE 205 COCONUT GROVE FL 33133 US	2000 S DIXIE HWY SUITE 205 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2900 BRIDGEPORT AVE	26 2900 BRIDGEPORT AVE
Suite, Apt. #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27 SUITE 210
City & State 23 COCONUT GROVE, FL 33133	City & State 28 COCONUT GROVE, FL 33133
Zip 24 33133 Country 25 DADE	Zip 29 33133 Country 30 DADE

4. FEI Number: 65-0521247 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JULIO AUGUSTO REYNALS MOURGUES CARLOS G. 2000 S DIXIE HWY SUITE 205 COCONUT GROVE FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2900 BRIDGEPORT AVE 83 SUITE 210 84 City: COCONUT GROVE FL 85 Zip Code: 33133

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
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CELIS, ALEJANDRO S		1.2 NAME	
STREET ADDRESS	RUA:ANTONIO CARLUCCI 212 RIBEIRAO PRETO		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORREA, ANGELA B		2.2 NAME	
STREET ADDRESS	RUA ANTONIO CARLUCCI 212		2.3 STREET ADDRESS	
CITY-ST-ZIP	RIBEIRAO PRETO SP		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARIN, DAGOBERTO N		3.2 NAME	
STREET ADDRESS	FRANCISCO CAETANO GAIA 67		3.3 STREET ADDRESS	
CITY-ST-ZIP	RIBEIRAO PRETO SP		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JULIO AUGUSTO REYNALS MOURGUES CARLOS G.		4.2 NAME	
STREET ADDRESS	RUA ANTONIO CARLUCCI 212 RIBEIRAO		4.3 STREET ADDRESS	
CITY-ST-ZIP	PRETO SAO PAULO BR		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 [illegible] with the filing: 1/18/98

CR2E034 (10/97)