

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95-APR 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072508 (2)

1. Corporation Name
WOMEN IN LABOR, INC.

Principal Place of Business
**1108 NW 180TH AVE
PEMBROKE PINES FL 33029-3170**

Mailing Address
**1108 NW 180TH AVE
PEMBROKE PINES FL 33029-3170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip Country

28. Zip Country

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARIAS, MARIAZELL H
1108 NW 180TH AVE
PEMBROKE PINES FL 33029-3170**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ARIAS, MARIAZELL H**
STREET ADDRESS **1108 NW 180TH AVE**
CITY - ST - ZIP **PEMBROKE PINES FL**

11.1 TITLE Change Addition
12.1 NAME
13.1 STREET ADDRESS
14.1 CITY - ST - ZIP

TITLE **D/S**
NAME **ARIAS, ARMANDO JR**
STREET ADDRESS **1108 NW 180TH AVE**
CITY - ST - ZIP **PEMBROKE PINES FL**

21.1 TITLE Change Addition
22.1 NAME
23.1 STREET ADDRESS
24.1 CITY - ST - ZIP

TITLE **D/VP**
NAME **MARQUEZ, MICHAEL A**
STREET ADDRESS **1108 NW 180TH AVE**
CITY - ST - ZIP **PEMBROKE PINES FL**

31.1 TITLE Change Addition
32.1 NAME
33.1 STREET ADDRESS
34.1 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41.1 TITLE Change Addition
42.1 NAME
43.1 STREET ADDRESS
44.1 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51.1 TITLE Change Addition
52.1 NAME
53.1 STREET ADDRESS
54.1 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61.1 TITLE Change Addition
62.1 NAME
63.1 STREET ADDRESS
64.1 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Mariazell H. Arias

Mariazell H. Arias,

4-10-95

594-2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number