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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90176 026 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000072508**

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

2. Principal Place of Business
 21 **1270 N.W. 12 Street** 26
 Suite, Apt. #, etc.
 22 **205** 27 **Same**
 City & State
 23 **Miami, FL** 28
 Zip **33126** 25 **U.S.A.** 29 Country 30

3. Date Incorporated or Qualified
10/03/1994

4. FEI Number
65-0536023 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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KATHLEEN BENTE, ESQ.
SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
3940 NATIONS BANK TOWER, 100 SE. 2ND ST
MIAMI FL 33131

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: _____ (NOTED: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, MARIAZELL H	1.2 NAME	
STREET ADDRESS	1108 NW 180TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN M. LAURENCIO	2.2 NAME	
STREET ADDRESS	14640 MAHOGANY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, MICHELLE C	3.2 NAME	
STREET ADDRESS	1108 NW 180TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-3170	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director / Corporate Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Armando Arias
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1108 N.W. 180th Avenue Pembroke Pines FL 33029-3170
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 119.073(i), Florida Statutes. I further certify that the information indicates that 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 any attachment with an address, with all other names empowered.

SIGNATURE: *Armando Arias* 3/9/99 (205) 554-2393
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)