

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 213020 (1)

1. Corporation Name

ZIRIN LABORATORIES, INTL., INC.



Principal Place of Business

Mailing Address

P.O. BOX 840309
PEMBROKE PINES FL 33084-7309

P.O. BOX 840309
PEMBROKE PINES FL 33084-7309

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | | 29 | |
| 25 | | 30 | |

| | |
|--|---|
| 3. Date Incorporated For Qualified | 3a. Date of Last Report |
| 06/14/1958 | 04/14/1995 |
| 4. FEI Number | Applied For Not Applicable |
| 59-0860451 | |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 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. 190.032, Florida Statutes. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

ZIRIN, LAWRENCE
9918 N.W. 10TH STREET
PEMBROKE PINES FL 33024

| | |
|----|--|
| 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 607.1502, 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: *Lawrence Zirin* Signature of wife/proxy/agent of registered agent. If that applies, do not file this statement. Date: 4/9/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIRIN, LAWRENCE | 2. NAME | |
| STREET ADDRESS | 9918 N.W. 10TH STREET | 3. STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 4. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-ST-ZIP | | 8. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-ST-ZIP | | 12. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-ST-ZIP | | 16. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-ST-ZIP | | 20. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information reported on this form was voluntarily furnished as I do not qualify for the exemption under Section 190.03(3), 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 employed 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 addition with an address.

SIGNATURE: *Lawrence Zirin* president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/9/96 (305) 888 0829

CR2E034 (12/95)