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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 339723 (9)

1. Corporation Name
LABORATORY SERUMS INC

Principal Place of Business
3628 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

Mailing Address
3628 N.W. 16TH ST.
FT. LAUDERDALE FL 33311-4150



3. Date Incorporated or Qualified 01/02/1969
3a. Date of Last Report 04/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1299366		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

SANDORA, LOUIS
3628 N.W. 16TH ST.
FT LAUDERDALE FL 33311

This is not a new agent but his correct name.

10. Name and Address of New Registered Agent

81 Name	M. Louis Sandora
82 Street Address (P.O. Box Number is Not Acceptable)	3628 NW 16th St
83	
84 City	Ft. Lauderdale FL
85 Zip Code	33311

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 *M. Louis Sandora* *Rue* DATE 3/5/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	DP
NAME	SANDORA, LOUIS	1.2 NAME	M. Louis Sandora
STREET ADDRESS	3628 N.W. 16TH ST.	1.3 STREET ADDRESS	3628 N.W. 16th ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	DS
NAME		2.2 NAME	Antoinette Sandora
STREET ADDRESS		2.3 STREET ADDRESS	3628 N.W. 16th ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.1 TITLE	DT
NAME		3.2 NAME	Louis M. Sandora
STREET ADDRESS		3.3 STREET ADDRESS	3628 N.W. 16th ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. Louis Sandora* DATE 3/5/97 DAYTIME PHONE (954) 583-0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)