

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 339723 (9)**

1. Corporation Name  
**LABORATORY SERUMS INC**



Principal Place of Business <b>3628 N.W. 16TH ST.                  FT.LAUDERDALE FL 33311</b>	Mailing Address <b>3628 N.W. 16TH ST.                  FT.LAUDERDALE FL 33311-4150</b>
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3. Date Incorporated or Qualified <b>01/02/1969</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-1299366</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	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 <i>M. Louis Sandora</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>3628 NW 16th St</i>
83
84 City <i>Ft. Lauderdale</i> <b>FL</b> 85 Zip Code <i>33311</i>

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 Pres.* 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**

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANDORA, LOUIS</b>	
STREET ADDRESS	<b>3628 N.W. 16TH ST.</b>	
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>M. Louis Sandora</b>	
1.3 STREET ADDRESS	<b>3628 N.W. 16th ST.</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL</b>	
2.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Antoinette Sandora</b>	
2.3 STREET ADDRESS	<b>3628 N.W. 16th ST</b>	
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL</b>	
3.1 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Louis M. Sandora</b>	
3.3 STREET ADDRESS	<b>3628 N.W. 16th ST</b>	
3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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** (954) 583-0248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)