

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 662076

(9)

To: Corporate Name

PHARMA LAB INDUSTRIES INC.

Principal Place of Business

Mailing Address

1550 SW 1ST ST.
MIAMI FL 33135

1550 SW 1ST ST.
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1985977

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. The corporation has liability for intangible tax under s. 199, Fla. Stat.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

24 Zip

25 Locality

29 Zip

30 Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEVILLANO, MARIA J
2607 S W 26 STREET
MIAMI, FL

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.02(3) 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 of Registered Agent, if different from person filing)

(Signature of Agent, if different from registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SEVILLANO, MARIA J
STREET ADDRESS	2333 BRICKELL AVE #2809
CITY, ST, ZIP	MIAMI, FL 0
TITLE	DS
NAME	SEVILLANO, MARIA J
STREET ADDRESS	2333 BRICKELL AVE #2809
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	DP
NAME	SEVILLANO, MARIA J
STREET ADDRESS	2333 BRICKELL AVE #2809
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.10(2)(B)(b), Florida Statutes. I further certify that the information included 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:

Maria Julia Sevillano
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA JULIA SEVILLANO

4. 27 / 95

305-642-0344