

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G44011** (6)

1. Corporation Name

CONSULAB, INC.



Principal Place of Business

**10661 SW 88TH STREET
SUITE 112
MIAMI FL 33176
US**

Mailing Address

**10661 SW 88TH STREET
SUITE 112
MIAMI FL 33176
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SECKINGER DANIEL
5215 SW 82ND ST
MIAMI FL 33155**

*10661-S.W. 88th St.
Suite 112
Miami, FL 33176*

3. Date Incorporated or Qualified

06/16/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2321585

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 officer 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, typed or printed name of registered agent and the corporation

AGENT: Registered Agent Signature required after filing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

**P/D
SECKINGER, DANIEL
5215 SW 82ND STREET
MIAMI FL** *10661-S.W. 88th St.
Suite 112
Miami, FL 33176*

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

**ST
SECKINGER, PATRICIA
10661 SW 88TH STREET SUITE 112
MIAMI FL** *33176*

TITLE
NAME

☒ DELETE

STREET ADDRESS
CITY-ST-ZIP

**VP
VAZQUEZ, DELMIRO
10661 SW 88TH STREET SUITE 112
MIAMI FL**

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia Seckinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Seckinger, Secretary

305-596-9048

April 19, 1996

CR2E034 (12/95)