FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) K37863 INTERLABS CORP. Mailing Address Principal Place of Business 4970 SW 72ND AVE 4970 SW 72ND AVE **STE 102** STE 102 DO NOT WRITE IN THIS SPACE MIAMI FL 33155 MIAMI FL 33155 ШŜ 3. Date Incorporated or Qualified 10/10/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0088715 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip 8. This corporation owes or has paid the current year Intangible Country **Z** Yes Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** BECZKOWSKI, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 5054 N.W. 74TH AVE 82 MIAMI FL 33166 83 33186 Miami 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.1 TITLE TITLE 98-31 SW 117 Th Court MIAMI, FL 33186 **SIDNEY BECZKOWSKI** 1.2 NAME NAME **5054 NW 74TH AVE** 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP MIAMI FL CDY-ST-7IP Addition DELETÉ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

oftion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information may my eignature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

April 28, 1998 (305)667-9167

14. I hereby certify that the information supplied with his filing indicated on this annual report or supplied with his filing officer or director of the corporation of the receiver or trust Block 12 or Block 13 if changed or on an attachment with