

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M63215 (1)
1. Corporation Name

HIALEAH MEDICAL LABORATORY AND MANAGEMENT CORP.



Principal Place of Business: **C/O JOSE R. ENRIQUEZ
9727 S.W. 7TH STREET
MIAMI FL 33174-1868**

Mailing Address: **C/O JOSE R. ENRIQUEZ
9727 S.W. 7TH STREET
MIAMI FL 33174-1868**

3. Date incorporated or Qualified: **12/03/1987**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0025676**

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ENRIQUEZ, JOSE R.
9727 S.W. 7TH STREET
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTD ENRIQUEZ, JOSE R.**

STREET ADDRESS **8727 SW 7TH ST**

CITY- ST- ZIP **MIAMI FL**

TITLE DELETE

NAME **SD ENRIQUEZ, ROSE J.**

STREET ADDRESS **9727 SW 7TH ST**

CITY- ST- ZIP **MIAMI FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Jose R. Enriquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0.26.96 305-887-6277
Date Daytime Phone

CR2E034 (3/96)