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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Apr 21 1998 8:00am Secretary of State

1. Corporatio	MENT # P9200 AMERICAN LABORATORY IN	0015321 (2)		 	
Principal Plac	o of Business	Malling Address			
3380 NW 151ST TERRACE		3380 NW 151ST TERRACE			
MIAMI FL S	33054	MIAMI FL 33054		DO NOT WEIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				12/28/1992	
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	_	65-0411586	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u></u>	27		5, Continuate of Gratus Desired	Fee Required
City & Stat	o	City & State		6, Election Campaign Financing	\$5.00 May Be
Z _i p	Country	28 	Country	Trust Fund Contribution	Added to Fees
24	25	29 30	- ·	This corporation owes or has p Personal Property Tax due Jun	e 30. 🔲 Yes 🔲 No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	IAVARRO, JESUS		81 Name	BELLA, ZOBEI	IDA
	380 N.W. 151 TERRACE		82 Street	Address (P.O. Box Number is Not Accept	(alah
N	AIAMI FL 33054		83 -3	380 10.00. 131 /	ELRACE
			[63]		
			84 City	I AMI	FL 85 Zip Code 333054
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam tampliar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE 1/28/98					
12.	Signature, typed or prioritid name of righstored agent OFFICERS AND		ogistered Agent signature 13.	required when rainstating) ADDITIONS/CHANGES TO OFF	ICEDS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 THLE	DP/OT	Change Addition
NAME	BARRIOS, AMBOSIO	^ \	1.2 NAME	POBELAA BELLO	7 • 1
STREET ADDRESS	579 EAST 55TH STREET		1.3 STREET ADDRESS	ZOBEIDA BELLO 6320 SIMMONE_ST	F,
CITY-ST-ZIP	HIALEAH FL 33012	\	1.4 CITY+ ST - ZIP	MIAMI LAKES, FLA	37014
TITLE	DT	DELETE	2.1 TITLE	DVINS	Change
NAME	NAVARRO, JESUS	, ,	2.2 NAME	Louis BELLO	4 -
STREET ADDRESS	19800 E. OAKMONT DR.		2.3 STREET ADDRESS	6320 31MMONS	23.44
CITY+ST-ZIP	MIAMI FL 33015		2. 4 CITY-ST-ZIP	MIAMI LAKES, PL	A - 37014
TITLE	DV Vazquez, Jesus	DETELE	3.1 TITLE		L_ Change L_ Addition
NAME STREET ADDRESS	4655 PALM AVE., SUITE 128		3.2 NAME 3.3 STREET ADDRESS		
	HIALEAH FL 33012	ı			
CITY+ST+ZIP TITLE	DS	DELETE	3.4. C/TY-ST-ZIP 4.1 T/TLE		Change Addition
NAME	BELLO, LOUIS		4. 2 NAME		_ ,
STREET ADDRESS	6320 SIMMONS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAIMI LAKES FL 33014		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	54 CITY-ST-7IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-Zip			6.4 CITY - ST - ZIP		

14. Thereby 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.

Alasko 215.160 1270