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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000004983 (1)

**1. Corporation Name
MIAMI LAB, INC.**

Principal Place of Business 101 N. OCEAN DR. STE. 121 HOLLYWOOD BCH. FL 33019 US	Mailing Address 101 N. OCEAN DR. STE. 121 HOLLYWOOD BCH. FL 33019 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/21/1993	3a. Date of Last Report 03/08/1994
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4. FEI Number 65-0398221	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 1160 Kane Concourse Suite, Apt. #, etc. 22 Suite #101 City & State 23 BAY HARBOR ISLAND, FL Zip 24 33154	26 1160 Kane Concourse Suite, Apt. #, etc. 27 SUITE #101 City & State 28 BAY HARBOR ISLAND, FL Zip 29 33154
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAUTOUR, E. F 1160 Kane Concourse
101 OCEAN DR. SUITE 101
~~STE 121~~ BAY HARBOR
NORTH HOLLYWOOD BCH FL 33019
FL 33154

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 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	PO
NAME	VAUTOUR, E. F
STREET ADDRESS	1160 Kane Concourse
CITY-ST-ZIP	101 N. OCEAN DR. STE 121 Suite 101 HOLLYWOOD BEACH FL Bay Harbor FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE

E. F. Vautour
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Feb 14-95
DATE