

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032540 (5)

1. Corporation Name

AMERICAN INTERNATIONAL PHLEBOTOMY TECHNICIANS, I
NC.



Principal Place of Business

6850 COIAL WAY
SUITE 407
MIAMI FL 33155
US

Mailing Address

P.O. BOX 558961
MIAMI FL 33155
US

6850 Coral Way
Miami FL 33155

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

YOUSEF, NOHEMI
6475 SW 32ND ST
MIAMI FL 33155

[delete]

10. Name and Address of New Registered Agent

81 Name Lydia Guadalupe Executive
82 Street Address (P.O. Box Number is Not Acceptable)
6850 Coral Way #407
83 Miami
84 City
FL 85 Zip Code 33155

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

Lydia Guadalupe

4/30/96

Signature typed or printed name of registered agent and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVTS	YOUSEF, NOHEMI	6475 SW 32ND ST	MIAMI FL 33155	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Add on
	LYDIA GUADALUPE	6850 Coral Way #407	MIAMI FL 33155	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Add on
	BRIAN BEAULIEU	6850 Coral Way - ST 407		☐	☒
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Add on
	CARMEN BEAULIEU	6850 Coral Way - 407		☐	☒
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Add on
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Add on
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Add on
				☐	☐

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:

Lydia Guadalupe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

4/30/96

266-6958

161-4034

CR2E034 (12/95)