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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032540

American International Society OF Phlebotomy Technicians, Inc Principal Place of Business Mailing Address

6850 Coral Way. Suite 407.

Miami , FL 33155.		3. Date incorporated or Qualified 5/4/93	3a. Date of Last Report 05/15/96 •
2. Principal Place of Business 1 178 SW 64 CT	2a. Mailing Address 26 1781 Sw 649	4. FEI Number 65-0405756.	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State FL	City & State  28 Missup PC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33155 25 DADE	29 33NT 30 CAMBOL	8. This corporation has liability for inta Florida Statutes	· ·
9. Name and Address of Current F	Registered Agent	10. Name and Address of New Regis	tered Agent
Guadalupe Lydia	. 81 Name		

6850 coral Way Suite 407 Miami, Fl 30155

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 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 i agent. La	registered agent or both, in the State of Honda. Such charige was aut im familian with, and accept the obligations of, Section 607 0505, Floric	horized by the corp da Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Sydia Quadaluga	<u> </u>	
12.	Signature type or protect range of registered agent and title if applicable (NOTE R OFFICERS AND DIRECTORS	legistered Agent signature  13.	required whor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TOLE	Change Addition
NAME	Evadalupe Lydia	1.2 NAME	E change E Aconton
STREET ADDRESS	6860 coral Way # 407	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	Miami FL 33165.	1.4 CHY+ST+ZIP 2.1 THLE	and the second of the second o
NAME	l <u> </u>		600002269 <b>726-1-6</b> -08/18/9701086017
		2.2 NAME	****165.00 ****165.00
STREET ADDRESS	6860 coral Way # 407.	23 STRÉET ADDRESS	*****100.UU ****100.UU
CITY-ST-ZIP	Miami FL 33155	2 4 Crity-S1-2IP	
TITLE		31 TALE	☐ Change ☐ Āddition
NAME	Beaulieu Carmen.	3 2 NAME	
STREET ADDRESS	6850 coral Way # 407	3.3 STREET ADDRESS	
QTY-ST-ZIP	Miami FL 33155	3.4 CITY-ST-7IP	
TILE	DÉLETÉ	4 1 TITLE	☐ Change ☐ Addition
AME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - 7/P	
TITLE	☐ DELETE	5 1 TOTLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	l li lu
CITY-ST-ZIP		54 CITY-ST-ZIP	a. alan
TITLE	☐ DELETE	6111715	Change Addition
NAME		62 NAME	YIIUlan
STREET ADDRESS		63 STREET ADDRESS	1 197
			· / · · ·

14. I do hereby 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

APPROVEDP9,1012

97 AUG 14 PH 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

pg.242

## OF PHLEBOTOMY TECHNICIANS, INC. 6350 CORAL WAY STE 407 MIAMI, FLORIDA 33155

August 8th, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Annual Report.

We respectfully request an abatement of the \$ 550 dollars of additional fees for the annual filing report of 1997.

We did not received the first and second notice for filing the annual report. We just noticed that we have not paid for this year.

We thank you in advance for your cooperation.

Respectfully,

Lydia Guadalupe