

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000032540 (5)

1. Corporation Name

AMERICAN INTERNATIONAL SOCIETY OF PHLEBOTOMY TECHNICIANS, INC.

Principal Place of Business

1781 S.W. 64 COURT  
MIAMI FL 33155  
US

Mailing Address

1781 S.W. 64 COURT  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1993

4. FEI Number

08-1690001

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6475 SW 32nd Street

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip

33155

Country

25 Dade

2a. Mailing Address

26 P.O. Box 558961

Suite, Apt. #, etc.

27 City & State

28 Miami FL

29 Zip

33155

Country

30 Dade

9. Name and Address of Current Registered Agent

GUADALUPE, LYDIA  
6850 CORAL WAY  
SUITE 407  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Nohemi Youssef

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

6475 SW 32nd Street

83

84 City

Miami

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

Nohemi Youssef

(NOTE: Registered Agent signature required when reinstating)

1/9/98

12. OFFICERS AND DIRECTORS

TITLE P GUADALUPE, LYDIA ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6850 CORAL WAY SUITE 407  
MIAMI FL 33155

TITLE V BEAULIEU, BRIAN ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6850 CORAL WAY SUITE 407  
MIAMI FL 33155

TITLE S BEAULIEU, CARMEN ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6850 CORAL WAY SUITE 407  
MIAMI FL 33155

TITLE ☐ DELETE

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 1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Nohemi Youssef  
6475 SW 32nd Street  
Miami FL 33155

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nohemi Youssef

1/9/98 305 661-4034

CR2E034 (10/97)