FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047183 (7)

1. Corporate Name
A-1-A DIAGNOSTICS, INC.

Principal Street Address
10640 N.W. 26TH PLACE
SUNRISE FL 33322

Mailing Address
10640 N.W. 26TH PLACE
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1993
3a. Date of Last Report: 04/26/1994

2. Principal Office
21
2a. Mailing Address
26

4. FEI Number: 64-0476731
Applied For
Not Applicable

22 City, State
27 Suite, Apt. #, etc.

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

23 City, State
28

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

24 Country
25
29 Zip
30 Country

8. The corporation is liable for intangible tax under § 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SEUFERT, WILLIAM M
1421 S. OCEAN BLVD.
408
POMPANO BEACH FL 33028

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. [illegible] Section 607.0505, Florida Statutes. [illegible] the statement for the purpose of changing its registered office [illegible] in the State of Florida. Such change was authorized by the corporation's board of directors, and the undersigned as registered agent. I am [illegible] of Section 607.0505, Florida Statutes.

[illegible]

12. OFFICERS AND DIRECTORS

D
SEUFERT, WILLIAM M
1421 S. OCEAN BLVD., # 408
POMPANO BEACH FL 33028

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

14. [illegible] that the information supplied with the filing is accurately transcribed and that each officer and director listed is currently [illegible] Florida Statutes. Further [illegible] the information reflected in the annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect [illegible] under [illegible] Section 817.155, Florida Statutes, and that my name appears in Block 11 or Block 12 of this document with an [illegible] title.

SIGNATURE: William M. Seufert WILLIAM M. SEUFERT 4-14-95 989-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0230784 CP