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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300051345 (5)

A.V. LABORATORY, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address			•			III <b>do</b> tai <b>au</b> ioi diiai iidoo iii	f Bladi dili (DDI
2926 SW 1ST MIAMI FL 3313	. = :	2926 SW 1ST ST MIAMI FL 33135-1323		:			
					3. Date Incorporated or Qual 07/22/1993	3a. Date of Le 03/12/19	
2. Principal Place of Business 2a. Mailing Address				············	4. FEI Number		Applied For
21 26					65-0431427		Not Applicable
Suite, Apt. #, etc. 27			7		5. Certificate of Status Desire		75 Additional ee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be			.00 May Be
23 Zin	Country	28			Trust Fund Contribution		ded to Fees
Zip 24	Country 25	Zip 29	Gountry 30	y 	8. This corporation has liability Florida Statutes	Yes No	der s. 199.032,
A.	g, Name and Address of Curre	ent Registered Agent	B1	T Manage	10. Name and Address of No	w Registered Agent	
	RANZA, RAQUEL		61	Name		1 N N N	
2926 SW 1ST ST				Street #	Address (P.O. Box Number is Not Acc	eptable)	***************************************
MIA	MI FL 33135		83				
			5	1			
			84	City		FL 85	Zip Code
office or a	to the provisions of Sections 607.05 registered agent, or both, in the Stat irm familiar with, and accept the obligation for the provision of the state of the st	e of Florida. Such change was gations of, Section 607.0505, F	authorized b lorida Statute	y the corp s.	corporation submits this statement for oration's board of directors. I hereby required when reinstating)	r the purpose of changi accept the appointmen	ing its registered as registered
12.		ND DIRECTORS	13.	on signature	ADDITIONS/CHANGES TO		TORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	·····	7,5511101105011111020115	☐ Cha	
NAME	CARRANZA, ROBERT		1.2 NAME		*		
STREET ADDRESS	2926 SW 1ST ST		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		1,4 CITY-5	ST-ZIP			
TITLE	DV	☐ DELETE	2.1 TITLE	1		☐ Cha	nge Addition
NAME	CARRANZA, RAQUEL		2.2 NAME			$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
STREET ADDRESS	2926 SW 1ST ST		2.3 STREET	T ADDRESS			
CITY - ST - ZIP	MIAMI FL 33135		2. 4 CiTY -	ST-ZIP	•		
TITLE	DST	☐ DELETE	3.1 TITLE			Cha	nge Addition
NAME	LONG, ESTHER		3.2 NAME				
STREET ADDRESS	2926 SW 1ST ST		3.3 STREET	T ADORESS		But the state of	
CITY - ST - ZIP	MIAMI FL 33135		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	İ		☐ Cha	nge Addition
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	]		☐ Cha	nge 🔲 Addition
NAME			5.2 ME	1	10 to	•	
STREET ADDRESS			5.3 EE	T ADDRESS			
CITY-ST-ZIP		T Kriess		SY-ZIP	*		
TITLE		☐ DELETE	6.1 E	-		☐ Cha	nge 🔲 Addition
NAME			6.21 ME		:		

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

SIGNATURE:

Accurate AND Type on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Type of Page 1997 - 305-637-4536

6.4 CITY-ST-ZIP