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PROFIT CORPORATION ANNUAL REPORT

1996



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

SIGNATURE:

DOCUMENT # P9300058345 (8)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	and & Baker Labora	TORIES, INC.			
Principal Place of Business Mailing Address			L ABOURDE JER READ MAY BOUR RESUL	aann annan enns senañ skirt anber Eich fân.	
13701 SW 147 AVE. MIAMI FL 33196		13701 SW 147 AVE. MIAMI FL 33196			
				 Date incorporated or Qualified 08/19/1993 	3a. Date of Last Report 08/10/1995
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Saite, Apt le	# atc	26 Side Apt & ste		65-0433560	Not Applicab
Conec, ryre	n, 500.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
	25	29	30	I <u> </u>	□ No
	9. Name and Address of C	urrent Registered Agent	04	10. Name and Address of New R	
ROBINSON, WILLIAM A SR 1603 NW 79TH AVE			81 Name	NOBINSON, WILLIAM A	4.
			82 Street A	Address (P.O. Box Number is Not Acceptab	(A)
MIAMI FL			83	13 101 SW 14 1 ave	7000
MIMMI EL	L 33120		[3] •	MIAMIT, -FT	
			84 City	67.4.4	FL 85 Zip Code /
Pursuant t	o the provisions of Sections 607.	0502 and 607 1508. Etorida Statu	utes, the above-named co	rporation submits this statement for the pur	
- or register	ed agent, or both, in the State of	i Florida. Such charige was author	rized by the corporation's b	board of directors. I hereby accept the app	pose or changing its registered on pintment as registered agent. I am
4. conflored					
familiar Wit	th, and accept the obligations of,	Section 607.0505, Florida Statute	es.		
tanılar wit 3NATURE _		Section 607.0505, Florida Statute		guized when reinstatrical	DATE
tanılar wit SNATURE _	Signature typed or printed name of registros.	Section 607.0505, Florida Statute	OS. NOTE: Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIBECTORS IN 12
tanılar wit SNATURE _	Signature typed or printed name of registros.	Section 607.0505, Florida Statuti	NOTS: Registered Agent signature re	ADDITIONS/CHANGES TO OFF	
tanılar wit	Signative typed o printed name of registers OFFICERS D ROBINSON, JOHN C	Section 607.0505, Florida Statute Jagori and the Jagori al-	NOTE: Registered Agent signature re	ADDITIONS/CHANGES TO OFF Secretary Treasurer Labor C. Bubinson	ICERS AND DIBECTORS IN 12
raniil ar Wit	Signature types or printed name of registers: OFFICERS D ROBINSON, JOHN C 1603 NW 79TH AVE	Section 607.0505, Florida Statute Jagori and the Jagori al-	NOTE: Registered Agent signative re. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF Secretary Treasurer John C. Robinson 13701 SW 147 AVC	ICERS AND DIBECTORS IN 12
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FACORESS -S. 7/2	Signature types or printed name of registers: OFFICERS D ROBINSON, JOHN C 1603 NW 79TH AVE	Section 607.0505, Florida Statuti diagradiano interfaquit al #	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF Secretary Treasurer John C. Robinson 13701 SW 147 AVC MIAMI, FL 33196 PRESIDENS WILLAM A. ROBINSON	Change Addition
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2/13/96 3052350492 Date Daytine Phone