


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90027 047 ***150.00

0188945

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000061333

1. Corporation Name
AMERILAB CORP.



Principal Place of Business 800 BRICKELL AVE., STE. 603 MIAMI FL 33131	Mailing Address 600 BRICKELL AVE STE 603 MIAMI FL 33131
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

65-0440271

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2600 S.W. 3RD AVE.

Suite, Apt. #, etc.

22 SUITE 800-B

City & State

23 MIAMI, FL

Zip

24 33129

Country

9. Name and Address of Current Registered Agent

ORTA, JORGE R
600 BRICKELL AVE., STE. 603
MIAMI FL 33131

2a. Mailing Address

26 2600 S.W. 3RD AVE

Suite, Apt. #, etc.

27 SUITE 800-B

City & State

28 MIAMI, FL

Zip

29 33129

Country

10. Name and Address of New Registered Agent

81 Name

ORTA, JORGE R.

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

2600 S.W. 3RD AVENUE #800-B

83

MIAMI, FL

84 City

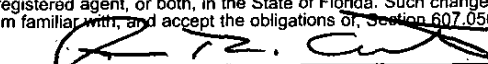
FL

85 Zip Code

33129

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


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JORGE R. ORTA R/A

4-28-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANCISCO MOSQUERA	
STREET ADDRESS	600 BRICKELL AVE., STE. 603	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ORTA, JORGE R	
STREET ADDRESS	600 BRICKELL AVE., STE. 603	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCISCO MOSQUERA	
1.3 STREET ADDRESS	2600 S.W. 3 RD AVE. #800-B	
1.4 CITY-ST-ZIP	MIAMI - FL 33129	

2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORTA, JORGE R.	
2.3 STREET ADDRESS	2600 S.W. 3 RD AVE. #800-B	
2.4 CITY-ST-ZIP	MIAMI - FL 33129	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE R. ORTA Sec.

4-28-99 (305) 579-0290

Date

Daytime Phone #

CR2E034 (11/98)