

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REGISTRATION  
ANNUAL REPORT  
1995



OFFICE OF SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **P93000076317 (5)**

MAY - 1 AM 5:08

**HOMESTEAD DIAGNOSTICS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date of Report		3a. Date of Last Report	
125 NE 8TH STREET #3 HOMESTEAD FL 33030		125 NE 8TH STREET #3 HOMESTEAD FL 33030		11/03/1993		05/01/1994	
2. Telephone Number	26. Mailing Address	4. Filing State	Applied For		Not Applicable		
21	26	65-0448069					
22. State of Incorporation	27. State of Report	5. Certificate of State Demand	Additional Fee Required				
22	27		\$8.75				
23. City	28. City & State	6. Election Campaign Financing Trust Fund Contribution	May Be Added to Fees				
23	28		\$5.00				
24. State of Incorporation	25. State of Report	29. City	30. Zip Code	7. This corporation is subject to additional fees under the Florida Statute			
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAZURE, PHILIP E 125 N.E. 8TH STREET #3 HOMESTEAD FL 33030				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	Zip Code	

11. The undersigned, as president of sections 601, 602 and 607, Florida Statute, the above named corporation, certifies this statement for the purpose of changing its registered office to the above reported office in the State of Florida. Such change was authorized by the corporation's board of directors except the appointment of a registered agent. I am not subject to the obligations of Section 607, Florida Statute.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
D NAME: MAZURE, PHILIP E STREET ADDRESS: 125 NE 8TH ST., #3 CITY: HOMESTEAD FL 33030		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	
NAME: _____ STREET ADDRESS: _____ CITY: _____		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	

14. The undersigned, as president of sections 601, 602 and 607, Florida Statute, certifies this statement for the purpose of changing its registered office to the above reported office in the State of Florida. Such change was authorized by the corporation's board of directors except the appointment of a registered agent. I am not subject to the obligations of Section 607, Florida Statute.

SIGNATURE:  **PHILIPPE E MAZURE** 5/1/95 305-217-2800