

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000002058 (3)**

1. Corporation Name

DARPEX DIAGNOSTICS, INC.



Principal Place of Business

Mailing Address

**525 S.W. 79TH COURT
MIAMI FL 33144**

**525 S.W. 79TH COURT
MIAMI FL 33144**

2. Principal Place of Business

2a. Mailing Address

21 **5582 W. Elcigler Street**
Suite, Apt. #, etc.

26 **525 SW 79 CT**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, Florida**

28 **Miami, Florida**

24 **33134**

25 **USA**

29 **33144**

30 **USA**

9. Name and Address of Current Registered Agent

**NUNEZ, ARLENE
525 S.W. 79TH COURT
MIAMI FL 33144**

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

ArleNE Nunez President

(If the Registered Agent's signature is required after recording)

2/5/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NUNEZ, ARLENE	
STREET ADDRESS	525 S.W. 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (305) 267-1003

CR2E034 (12/95)