

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000005212 (3)

1. Corporation Name

MEDLAB INC.



Principal Place of Business

7586 NW 8TH ST
MIAMI FL 33126

Mailing Address

7586 NW 8TH ST
MIAMI FL 33126

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
09/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

85-0460833

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, RONALD
7965 N.W. 164TH TERR
MIAMI LAKES FL 33016

81 Name
Jesenia Hernandez
82 Street Address (P.O. Box Number is Not Acceptable)
1793 W 58 ST
83
84 City
MIAMI FL 33012
85 Zip Code
FL

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 *Jesenia Hernandez* x

Jesenia Hernandez 2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CRUZ, RONALD
STREET ADDRESS 7965 N.W. 164TH TERR
CITY-STATE-ZIP MIAMI LAKES FL 33016
TITLE V
NAME CHAVEZ, WILLIAM SR
STREET ADDRESS 2111 S.W. 16TH TERR
CITY-STATE-ZIP MIAMI FL 33145
TITLE S
NAME CRUZ, FELIX
STREET ADDRESS 15349 S.W. 43RD TERR
CITY-STATE-ZIP MIAMI FL 33136
TITLE TD
NAME CHAVEZ, WILLIAM JR.
STREET ADDRESS 857 N.W. 7TH RD
CITY-STATE-ZIP MIAMI FL 33136
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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: *Jesenia Hernandez* 2/22/96 305-247-3200

CR2E034 (12/95)