FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

-PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000015852 (4)**

1. Corporation Name
PARA-LAB CORP.

Principal Place of Business	Mailing Address
815 N.W. 57TH AVENUE STE. 484 **MIAMI FL 33126**	**815 N.W. 57TH AVENUE STE. 484** **MIAMI FL 33126**

3. Date Incorporated or Qualified: **02/28/1994**
3a. Date of Last Report: **09/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **65-0500686** ☐ 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

BESU, ROGER P.A.
815 NW 57TH AVENUE
SUITE #484
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1008, 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 thereto, to accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	PADRON, CONNIE		2 NAME
STREET ADDRESS	815 N.W. 57TH AVENUE STE. 484		3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33126		4 CITY-ST-ZIP
TITLE		☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME			2 NAME
STREET ADDRESS			2 STREET ADDRESS
CITY-ST-ZIP			2 CITY-ST-ZIP
TITLE		☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME			3 NAME
STREET ADDRESS			3 STREET ADDRESS
CITY-ST-ZIP			3 CITY-ST-ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			5 CITY-ST-ZIP
TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the Corporation named in this report has complied with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added to this report.

SIGNATURE: _____ 3/29/96 305-262-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____