FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001536211
-07/12/95--01079--023
*****25.00 *****25.00

DOCUMENT # P94000066366

1. Corporation Name
Lancet Laboratory Inc.

Principal Place of Business	Mailing Address
704 SW. 17 ave Suit 5 Miami F/A 33135	704 SW. 17 ave Suit 5 Miami F/A 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Sept 9 1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21 704 SW 17 ave	26 704 SW 17 ave	65-0518682	☐ Not Applicable
Suite, Apt. #, etc. 22 5	Suite, Apt. #, etc. 27 5	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami FA	City & State 28 Miami FA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33135 25 USA	Zip / Country 29 33135 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Gabriel TERAN
8893 Fontainebleau Bv #16
Miami F/A 33172

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 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 X [signature] President and Registered Agent. 5-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President. Julio FREEMAN 704 SW 17 ave #5 Miami F/A 33135	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition President. Gabriel TERAN 8893 Fontainebleau Bv #16 Miami F/A 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 100001536211 -07/12/95--01079--024 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition KC

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)(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 added on an attachment with an address.

SIGNATURE: X [signature] Gabriel TERAN President. 5-22-95 (305)672-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #