

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000066366 (3)

1. Corporation Name

LANCET LABORATORY, INC.



Principal Place of Business

Mailing Address

704 SW 17TH AVE
SUITE 5
MIAMI FL 33135

704 SW 17TH AVE
SUITE 5
MIAMI FL 33135

3. Date Incorporated or Qualified
09/09/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business
21 4800 W Flagler St.

2a. Mailing Address
26 4800 W Flagler St.

4. FEI Number
65-0518682

Applied For
Not Applicable

22 Suite, Apt #, etc.
Suite 107

27 Suite, Apt #, etc.
Suite 107

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State
Miami FL

28 City & State
Miami FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 33134 25 Country Dade

29 Zip 33134 30 Country Dade

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

TERAIN, GABRIEL R
8893 FONTAINE BLUE BLVD #16
MIAMI FL 33135

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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GABRIEL, TERAN R
STREET ADDRESS 8893 FONTAINEBLEAU BLVD #16
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11 TITLE
12 NAME
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14 CITY-ST-ZIP

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22 NAME
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31 TITLE
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34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, 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

06 11 96

Date

Signature Printed Name

CR2E034 (3/96)