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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # **P94000070543 (1)**

1. Corporation Name
MEGA TECH MEDICAL LABORATORY, INC.

Principal Place of Business	Mailing Address
1530 S.W. 137TH PLACE MIAMI FL 33184	1530 S.W. 137TH PLACE MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10550 N.W. 77 CT	26 10550 N.W. 77 CT
22 Suite, Apt. #, etc. Suite, 217	27 Suite, Apt. #, etc. SUITE, 217
23 City & State Hialeah Gardens	28 City & State HIALEAH GARDENS
24 Zip 33016 25 Country DADE	29 Zip 33016 30 Country DADE

4. FEI Number: 65-0522025 ☐ 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
MENDOZA, NANCY B 1530 S.W. 137TH PLACE MIAMI FL 33184	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 of new registered agent, if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD MENDOZA, NANCY B 1530 S.W. 137TH PLACE MIAMI FL 33184	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD MESA, EDANIA R ~~MENDOZA, NANCY~~ 7652 W. 15TH AVE. HIALEAH FL 33014	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VP/MESA, EDANIA R 7652 W. 15 STREET HIALEAH FL 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD ~~MENDOZA, JOE~~ Mendoza, Joe 1530 S.W. 137TH PLACE MIAMI FL 33184	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD MESA, ALBERTO B 7652 W. 15TH AVE. HIALEAH FL 33014	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

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 on an attachment with an address.

SIGNATURE: Joe Mendoza 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201033 CP

MEGA TECH MEDICAL LAB.
10550 N.W. 77 Ct. Suite 217,18
Hialeah Garden, FL 33016
Tel: (305) 822-6892

P94_10543

NANCY B MENDOSA 1530 SW 137th PL MIAMI, FL 33184	PRESIDENT DIRECTOR
IDANIA R. MESA 7652 W 15th AVE HIALEAH, FL 33014	VICE-PRESIDENT DIRECTOR
JOE MENDOSA 1530 SW 137th PL MIAMI, FL 33184	SECRETARY DIRECTOR
ALBERTO B. MESA 7652 W 15th AVE HIALEAH, FL 33014	TREASURER DIRECTOR