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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000070543 (1)

1. Corporation Name
MEGA TECH MEDICAL LABORATORY, INC.

Principal Place of Business
10550 NW 77TH CT
STE 217
HIALEAH GARDENS FL 33016
US

Mailing Address
10550 NW 77TH CT
STE 217
HIALEAH GA 33016
US

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0522025 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

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**
MENDOZA, NANCY B
1530 S.W. 137TH PLACE
MIAMI FL 33184

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MENDOZA, NANCY B	
STREET ADDRESS	1530 S.W. 137TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VD	☐ DELETE
NAME	MESA, IONAR R	
STREET ADDRESS	7652 W 15TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	☐ DELETE
NAME	MENDOZA, JOE	
STREET ADDRESS	1530 S.W. 137TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	☐ DELETE
NAME	MESA, ALBERTO B	
STREET ADDRESS	7652 W. 15TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	MESA, IDANIA R	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 — Date
8226892 — Daytime Phone #