

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P94000072508 (2)**

1. Corporation Name

WOMEN IN LABOR, INC.



Principal Place of Business: **1108 NW 180TH AVE, PEMBROKE PINES FL 33029-3170**
Mailing Address: **1108 NW 180TH AVE, PEMBROKE PINES FL 33029-3170**

3. Date incorporated or Qualified: **10/03/1994**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0536023**
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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARIAS, MARIAZELL H
1108 NW 180TH AVE
PEMBROKE PINES FL 33029-3170

81 Name: **Kathleen Bente, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **Smoler, Lerman, Bente & Whitebook, P.A.**
83 **3940 Nationsbank Tower, 100 S.E. 2nd St.**
84 City: **Miami, FL** 85 Zip Code: **33131**

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 **Kathleen Bente, Esq.**
Signature (Typed or Printed Name of Registered Agent and Title, if applicable)

4-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIAS, MARIAZELL H	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	B	<input checked="" type="checkbox"/> DELETE
NAME	ARIAS, ARMANDO JR	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	B	<input checked="" type="checkbox"/> DELETE
NAME	MARQUEZ, MICHAEL A	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bertha G. Menendez	
2.3 STREET ADDRESS	533 San Servando Avenue	
2.4 CITY-ST-ZIP	Coral Gables, FL 33143	
3.1 TITLE	Evelyn M. Laurencio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	14640 Mahogany Ct.	
3.3 STREET ADDRESS	Miami Lakes, FL 33014	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret H. Ceis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (205) 594-2393
DATE DAYTIME PHONE #

CR2E034 (12/95)