

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90176 026 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000072508**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **1270 N.W. 12 Street** 26  
 Suite, Apt. #, etc.  
 22 **205** 27 **Same**  
 City & State  
 23 **Miami, FL** 28  
 Zip **33126** 25 **U.S.A.** 29 Country 30

3. Date Incorporated or Qualified  
**10/03/1994**

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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**KATHLEEN BENTE, ESQ.**  
**SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.**  
**3940 NATIONS BANK TOWER, 100 SE. 2ND ST**  
**MIAMI FL 33131**

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: \_\_\_\_\_ (NOTED: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARIAS, MARIAZELL H	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	EVELYN M. LAURENCIO	
STREET ADDRESS	14640 MAHOGANY CT.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARQUEZ, MICHELLE C	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-3170	
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	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Director / Corporate Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Armando Arias</b>
4.3 STREET ADDRESS	<b>1108 N.W. 180th Avenue</b>
4.4 CITY-ST-ZIP	<b>Pembroke Pines FL 33029-3170</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicates that 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 any attachment with an address, with all other names empowered.

SIGNATURE: *Armando Arias* 3/9/99 (205) 554-2393  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)