						e e	
F	ILE NOW: FILING	G FEE AFTE	R MAY 1 IS	\$550	.00	APPROX	/ED
co	PROFIT RPORATION /		FLORIDA DEPAR Sandra B			T FILE	Ó
	1997	Secretary of State DIVISION OF CORPORATIONS			le	97 OCT 20 AM 9: 09	
DOCU 1. Corporation	IMENT # PQL	10000	88410			SECRETARY (TALLAHASSEE	of State Florida
Abad	cus Labs, Inc	· - ()	moundia	/_			
	ce of Business		ling Address			_	
	W. 154th Street akes, Florida 3		130				
CILCUIT D	akes, Fiorida S	,5010				3. Date incorporated or Qualified December 6, 1994	3a. Date of Last Report May 1, 1997
~	Place of Business	├ ─┐	Mailing Address			4. FEI Number	Applied For
Suite, Apt	# atc	26	Suite, Apt. #, etc.			65-0551512	Not Applicat
Suite, Apt	i w, etc.	27	puile, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		28	Oity & State		inter.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29	/ip	30	intry	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes D No
	9. Name and Address	of Current Registe			81 Name	10. Name and Address of New Reg	Istered Agent
	W. 154th Street		30		82 Street Add	odore R. Bayer, Esquir dress (P.O. Box Number is Not Acceptable South Dadeland Bouley	e e) rard
Miami, La	akes, Florida 3	3016			83		aru
					Suite 84 City	_	FL 85 Zip Code 33156
11. Pursuant office of	to the provisions of Sections registered agent, or both, in	s 607.0502 and 607 the State of Florida	.1508, Florida Statute Such change was a	s, the al	Miami pove-named co d by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	roose of changing its registere
agent. I a	am familiar with, and accept	المه سيسوه	ur.				16197
12.	OFFI	CERS AND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	President/Sec	retary	XX DELETE	1.1 Tr 1.2 N/		President/Secretary	Change 🔲 Additi
STREET ADDRESS	Centis Biks 7975 N.W. 154	th Street.	Suite 430		REFT ADDRESS	James Ricci 7975 N.W. 154th Stre	et Suite 430
CITY-S1-ZIP	Miami Lakes,		016		IY-SI-ZIP	Miami Lakes, Florida	_33016
TITLE NAME			☐ DELE18	2 1 T/ 2.2 N/		5000023	Change Additi
STREET ADDRESS	Ì				REET ADDRESS	-10/23/	3 28445 -3 9701104019
CITY-ST-ZIP				2.40	TY-ST-7IP	*****6	
TITLE	{		LJ DELFTE	3 1 TI	1		Change Additi
NAME STREET ADDRESS					REET ADDRESS		
CITY-S1-ZIP				3.4. C	TY-ST-ZIP		
TITLE	ł		[] DELETE	4.1 1/	-		Change Additi
NAME Street Address				4 2 N 4 3 S I	AMI REET ADDRESS		
OTTY-ST-ZIP				1	1Y-SI-7P		
WATE .			DELETE	5 1 10	LE		Change Addition
NAME '4				5.2 NA	\ \	Δ	
STREET ADDRESS CITY-S1-ZIP					REFF ADDRESS TY-ST-ZIP	1). At a	w
TITLE	1		DELETÉ	6.1 Til		1. OLA 1.10/2	Change Addition
NAME				6.2 NA	1	1421	リフト
STREET ADDRESS CITY-ST-ZIP	1			1	REET ADDRESS	ı	•
14. I do here	by certify that the information	n supplied with this	tiong does not qualify	for the	exemption state	ed in Section 119 07(3)(i), Florida Statutes.	I further certify that the
l am an o appears i	ள் அவிக்கள் மா mis annual fi officer or director of the corpo in Block 12 or Block 13 if தூ	epon or supplemen pration or the receiving anged, or on an apple	rer or trustee empowe felt nent with an addre	red to e ess.	xecute this repo	at my signature shall have the same logal ort as required by Chapter 607, Florida Sta	priect as it made under oath; the itutes; and that my name

SIGNATUP AND TYPED OA PRINJED NAME OF SIGNING OFFICER OR DIRECTOR LICE: 10/7/97

SIGNATURE:

(305) 556-0021