

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

DOCUMENT # P95000003126 (6)

1. Corporation Name

USA LABS, INC.



Principal Place of Business

Mailing Address

4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERPENING, ROBERT J  
4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
300001840418  
-05/28/96--01025--008

83

\*\*\*200.00

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALMAU, JORDI	
1.3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DALMAU, AURORA G.	
2.3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DALMAU, JORGE A	
3.3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DALMAU, JAVIER	
4.3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TERPENING, ROBERT J	
5.3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

Daytime Phone #

305-446-5866

CR2E034 (12/95)