

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

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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000003126 (6)

1. Corporation Name
USA LABS, INC.

Principal Place of Business
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146

Mailing Address
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146-1830

3. Date Incorporated or Qualified 01/11/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0549853 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, JORDI	1.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, AURORA G	2.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, JORGE A	3.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, JAVIER	4.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERPENING, ROBERT J	5.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 4/27/97 305-446-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)