

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

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000012766 (8)

1. Corporation Name
DSC LABORATORIES, INC.



Principal Place of Business Mailing Address
601 BRICKELL KJEY DRIVE SUITE 805 MIAMI FL 33131

3. Date Incorporated or Qualified **02/13/1995** 3a. Date of Last Report
4. FEI Number **65-0642852** 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 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 30

9. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
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 607.0602 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 _____ DATE _____
Signature for principal place of business and mailing address. Name, Registered Agent signature required if changed.

12. OFFICERS AND DIRECTORS

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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P/D RONALD MENE
13 STREET ADDRESS	601 BRICKELL KEY DR. ST. 805
14 CITY-ST-ZIP	MIAMI, FL 33131
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DONALD SOUZA LIMA
23 STREET ADDRESS	601 BRICKELL KEY DR. ST. 805
24 CITY-ST-ZIP	MIAMI, FL 33131
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DAYSE MENE
33 STREET ADDRESS	601 BRICKELL KEY DR. ST. 805
34 CITY-ST-ZIP	MIAMI, FL 33131
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ROBERT N. ALLEN, JR.
43 STREET ADDRESS	601 BRICKELL KEY DR. ST. 805
44 CITY-ST-ZIP	MIAMI, FL 33131
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	000001864140
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	**200.00
63 STREET ADDRESS	
64 CITY-ST-ZIP	-06/17/96--01054--037

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 owner or partner-engineered 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: _____ **4/29/96 (205) 372-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT N. ALLEN JR. SPECIAL SECRETARY

CR2E034 (12/95)