

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012766 (8)
 1. Corporation Name
DSC LABORATORIES, INC.



Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0642852	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENE, ROMOLO	12 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE SUITE 805	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, DOUGLAS S	22 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE SUITE 805	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENE, DAYSE	32 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE SUITE 805	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	
TITLE	Special Secretary <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT N JR	42 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE SUITE 805	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

[Handwritten Signature]

CR2E034 (10/97)