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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000021988 (7)**

1. Corporation Name
H.E. LABORATORY, INC.

Principal Place of Business	Mailing Address
1640 W 41 STREET **HIALEAH FL 33012** **US**	**1640 W 41 STREET** **HIALEAH FL 33012-5812** **US**

3. Date Incorporated or Qualified: **03/17/1995**	3a. Date of Last Report: **06/18/1996**
4. FEI Number: **65-0587972**	☐ 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 — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

PEREZ, ERNESTO O
528 E. 15TH STREET
HIALEAH FL 33010

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 607.0502 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	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MERCADO, HECTOR M		12 NAME	
STREET ADDRESS	528 E. 15TH STREET		13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ERNESTO O		22 NAME	
STREET ADDRESS	528 E. 15TH STREET		23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DENIS, JUAN		32 NAME	
STREET ADDRESS	176 E. 16TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MEDINA, JOSE R		42 NAME	
STREET ADDRESS	176 E. 16TH ST.		43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	GARCIA, RODOLFO		52 NAME	
STREET ADDRESS	3761 E. 8TH AVE.		53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	MEDINA, JULIO A		62 NAME	
STREET ADDRESS	225 MINOLA DR.		63 STREET ADDRESS	
CITY-ST-ZIP	M SPRING FL 33166		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _____ 03-08-97 (305) 821-4366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116699