

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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # P95000038085 (3)

1. Corporation Name

AMBIENTAL LABORATORY, INC.

Principal Place of Business

200 S BISCAYNE BLVD
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

Mailing Address

200 S BISCAYNE BLVD
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

2. Principal Place of Business

21 9960 N.W. 116 WAY

State, Apt., R., etc.

22 13

City & State

23 MEDLEY, FL

Zip

24 33178

Country

25 USA

2a. Mailing Address

26 Suite, Apt., R., etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

4. FEI Number

65-0581764

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLETCHER, JOHN S
200 S BISCAYNE BLVD
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent (Agent must be a resident of the State)

NAME (Agent must be a resident of the State)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
ACEVEDO, JOSE A
7040 NW 173RD DR, APT 1705
MIAMI LAKES FL 33015

□ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
KING, EDWARD C JR
10200 USA TODAY WAY
MIRAMAR FL 33025

□ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

□ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

□ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

□ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

□ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

14. I, the undersigned, 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. ACEVEDO

2/1/96 (305) 885-5907

CR2E034 (12/95)