

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

FILED
May 08 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000042115 (2)**

1. Corporation Name
BIOLAB MANUFACTURING, INC.

Principal Place of Business
**16361 N.W. 49TH AVE.
MIAMI LAKES FL 33014**

Mailing Address
**16361 N.W. 49TH AVE.
MIAMI LAKES FL 33014-6316**



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/23/1995 | | 3a. Date of Last Report 05/09/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0603308 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**BARAKAT, MOHAMED
16361 N.W. 49TH AVE.
MIAMI LAKES FL 33014**

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 | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARAKAT, MOHAMED | 1.2 NAME | |
| STREET ADDRESS | 16361 NW 49 AVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 1.4 CITY - ST - ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARAKAT, MAGED | 2.2 NAME | |
| STREET ADDRESS | 16361 N.W. 49TH AVE. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 2.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IACOVELLI, MARK | 3.2 NAME | |
| STREET ADDRESS | 16361 NW 49 AVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 3.4 CITY - ST - ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINARES, FRANCISCO | 4.2 NAME | |
| STREET ADDRESS | 16361 NW 49 AVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI LAKES FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 unchanged, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMED BARAKAT 4/29/97 (305) 625-4929

Date

Daytime Phone #

0120559

CR2E034 (9/96)