

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

1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060183
1. Corporation Name
MEDICAL LAB CORPORATION

Principal Place of Business Mailing Address
477 NW 27 ave
MIAMI FL 33125
SAME.
477 NW 27 ave
MIAMI FL 33125

2. Principal Place of Business 21 SAME ABOVE Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 08/03/1995 4. FEI Number 65-0601100 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	3a. Date of Last Report 09/17/96 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURAN, RAMON (NEW
477 NW 27 ave
MIAMI FL 33125
AGENT)

81 Name DURAN, RAMON	85 Zip Code 33125
82 Street Address (P.O. Box Number is Not Acceptable) 477 NW 27 ave	
83	
84 City MIAMI	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 Ramon Duran (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VARINKA DURAN 858 W FLAGLER STE E MIAMI FL 33130 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT RAMON DURAN 477 NW 27 ave. MIAMI FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002309096--6 -10/01/97--01094--007 ***165.00 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Ramon Duran RAMON DURAN 09/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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SEPTEMBER 25, 1997


FROM: MEDICAL LAB CORPORATION
477 NW 27 AVE
MIAMI FL 33125

TO: DIVISION OF CORPORATIONS.
P.O. BOX 6327 TALLAHASSEE FL 32314

RE: PROFIT CORPORATION ANNUAL REPORT

WE DIDN'T RECEIVED THE PROFIT CORPORATION ANNUAL REPORT
1997 UNTIL 08/12/97 REQUESTED BY US TO MR.CANDERSON.
ATTACH COPY OF REQUESTED LETTER.

SINCERELY.


RAMON DURAN
PRESIDENT.

ATTACH CHECK # 113 FOR ~~165~~ 165.⁰⁰