

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

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Amended PROFIT CORPORATION ANNUAL REPORT x199x 2001		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	P95000066522
1. Corporation Name	
PAL LABORATORIES, INC.	

Principal Place of Business	Mailing Address
10655 NW 29th Terrace Miami, Florida 33172	Same

2. Principal Place of Business	2a. Mailing Address
21 10655 NW 29th Terrace Suite, Apt. #, etc.	26
22 City & State 23 Miami, Florida	27 City & State 28
24 Zip 33172	29 Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report 2-12-01
4. FEI Number 65-0644731	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
Cristina Ruiz 5240 SW 95th Court Miami, Florida 33165	

10. Name and Address of New Registered Agent	
81 Name William Garcia, Esq.	85 Zip Code 33134
82 Street Address (P.O. Box Number is Not Acceptable) Garcia & Avellan, P.A.	
83 201 Alhambra Circle, Suite 500	
84 City Coral Gables	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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/Treasurer Cristina Ruiz 5240 SW 95th Court Miami, Florida 33165	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO Carlos M. de Cespedes 3075 NW 107th Avenue Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	COO Jorge L. de Cespedes 3075 NW 107th Avenue Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	EVP/Secretary Bertin Perez 3075 NW 107th Avenue Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer/Assist. Secretary Leo Garcia 3075 NW 107th Avenue Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SVP Odelyn Fernandez 3075 NW 107th Avenue Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	President Emilio Ruiz 10655 NW 29th Terrace Miami, Florida 33172

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: Bertin Perez, EVP/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
305-592-2324, ext 153

CR2E034 (9/96)