FILED Apr 06, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000070857**1. Corporation Name

H & B LABORATORY, INC.

Principal Place of Business Mailing Address							1	1 (001(00) ()0 (0)61 B)(() 06)(( 00)	LI BOSH CON H	ibit Apidi ialaş	<b>U</b> ltik 1 <b>00</b> ) 100i
407 SW 12TH AVE. 407 SW 12TH AVE.											
#H #H											
MIAMI FL 33130 MIAMI FL 33130						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed					
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o Deinsing D	tone of Duninger	2a Mailine	g Address					09/14/1995 FEI Number		T An	plied For
<del>-</del>	lace of Business		1 Address				1	65-0606737		<u> </u>	t Applicable
Suite, Apt.	# etc	26 Suite	Apt. #, etc.					<del></del> -		\$8.75	
22	m, 616.	27	, p				5. (	Certifcate of Status Desired		Fee Re	I .
City & State	e	City &	State	· · · · · · · · · ·			6.	Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added t	
Zip	Country	Zip		Count	try		8.	This corporation owes the curre	ent year Inta	ngible	
24	25	29	30	<u>,                                     </u>				Personal Property Tax.		Yes	No
	9, Name and Address of Curren	t Registered A	gent				10.	Name and Address of New R	egistered A	gent	
٥٥٥	OLIAV ALLAN			8	81 i	Name					1
SERCHAY, ALLAN					82	Street Addres	dress (P.O. Box Number is Not Acceptable)				
530 5910 N.W. 33RD AVE.				_							
# <del>100</del> リウ FT. LAUDERDALE FL 33309				8	83						
F1.	EAUDENDALE FE 30009			8	84 (	City		·	FL	85 Zip C	Code
	607.050	0 1 007 1506		<u> </u>	<u></u>		rotion	cultinite this statement for the		hanging ite	registered
office or r	to the provisions of Sections 607.0503 egistered agent, or both, in the State	of Florida. Such	h change was auth	iorized b	by thi	e corporation	s boa	ard of directors. I hereby accep	t the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section	n 607.0505, Florida	3 Statute	es.						
SIGNATURE	Signature, typed or printed name of registered agen	d and tella if a lia-lid	- ANOTE: De	oistared Ac	oant ei	ignature required w	uhen rei	nstating	DATE		<del></del>
12.	OFFICERS AN			13.	<b>3</b> 0			DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
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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 ampowered 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 appear of the corporation of the receiver of the corporation of the receiver of trustee ampowered 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 appear of the corporation of the receiver of the corporation of the receiver of trustee ampowered to execute this report as required by Chapter 607.

SIGNATURE: \_

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