

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 17 1998 8:00 am  
Secretary of State

DOCUMENT # P95000076037 (7)  
1. Corporation Name

AI\*LABS, INC.

Principal Place of Business

16105 N.E. 18TH AVENUE  
MIAMI FL 33162

Mailing Address

P.O. BOX 4921  
HIALEAH FL 33014-0921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

65-0683929

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 8100 Governors Square Blvd

26 8100 Governors Square Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip

Country

Zip

Country

24 33016

25 USA

29 33016

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONES, VICTOR K  
16105 N.E. 18TH AVENUE  
MIAMI FL 33162

81 Name Brian Stack

82 Street Address (P.O. Box Number is Not Acceptable)  
8100 Governors Square Blvd.

83 Suite 200

84 City Miami Lakes

FL

85 Zip Code  
33016

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 D ☐ DELETE  
NAME STACK, BRIAN  
STREET ADDRESS 16105 N.E. 18TH AVE.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

1.1 TITLE D, P ☒ Change ☐ Addition  
1.2 NAME Stack, Brian  
1.3 STREET ADDRESS 8100 Governors Square Blvd.  
1.4 CITY-ST-ZIP Miami Lakes, FL 33016

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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

Brian Stack

(305) 231-5000

CR2E034 (5/98)