SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000076488 (2)**

1. Corporation Name
QUALIDENT LABORATORY CORP.

Principal Place of Business	Mailing Address
1490 WEST 49TH PLACE. STE. 520 HIALEAH FL 33012	1490 WEST 49TH PLACE. STE. 520 HIALEAH FL 33012

3. Date Incorporated or Qualified: 09/29/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1140 W. 50TH st.	26 1140 W. 50TH st.
Suite, Apt. #, etc: 22 402	Suite, Apt. #, etc: 27 402
City & State: 23 Hialeah.	City & State: 28 Hialeah.
Zip: 24 33012 Country: 25 U.S.A	Zip: 29 33012 Country: 30 U.S.A

4. FEI Number: 65-0611551 ☐ 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 ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

JARAMILLO, JOHN J
1490 WEST 49TH PLACE, STE. 520
HIALEAH FL 33012

10. **Name and Address of New Registered Agent**

81 Name: John Jaramillo
82 Street Address (P.O. Box Number is Not Acceptable): 1140 west 50st. Suit 402
83 Hialeah
84 City: Hialeah FL 85 Zip Code: 33012

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D.	☑ Change ☐ Addition
NAME	JARAMILLO, JOHN J		12 NAME	Jaramillo John J.	
STREET ADDRESS	1490 WEST 49TH PLACE, STE. 520		13 STREET ADDRESS	1140 W. 50st Suit 402	
CITY-ST-ZIP	HIALEAH FL 33012		14 CITY-ST-ZIP	Hialeah FL. 33012	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-29-96 (305) 819-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #