FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000081096 (6)

1. Corporation Name

PATHNET LABORATORIES, INC.

Principal Place of Business	Mailing Address
P O BOX 15935 PLANTATION FL 33318-5935	P O BOX 15935 PLANTATION FL 33318-5935

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	3201 W. Griffin Rd	26	PO Box 15935
22	Suite, Apt. #, etc.: 4th Fl	27	Suite, Apt. #, etc.:
23	City & State: Dania Florida	28	City & State: Plantation Florida
24	Zip: 33312	29	Zip: 33318-5935
25	Country: U.S.	30	Country: U.S.

4. FEI Number: 65-0615659 ☐ 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

PESTANO, ANTOLIN
7401 NW 11TH PL
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

TITLE	President / Director	☐ DELETE
NAME	Arcadio Oliva	
STREET ADDRESS	3201 W. Griffin Rd	
CITY-ST-ZIP	Dania Fl 33312	
TITLE	VP / Director	☐ DELETE
NAME	Marcelino Alvarez	
STREET ADDRESS	3201 W. Griffin Rd	
CITY-ST-ZIP	Dania Fl 33312	
TITLE	Sec / Director	☐ DELETE
NAME	Tony Pestano	
STREET ADDRESS	3201 W. Griffin Rd	
CITY-ST-ZIP	Dania Fl 33312	
TITLE	VP / Director	☐ DELETE
NAME	Andres Martinez	
STREET ADDRESS	3201 W. Griffin Rd	
CITY-ST-ZIP	Dania Fl 33312	
TITLE	VP / Director	☐ DELETE
NAME	Enrique Martinez	
STREET ADDRESS	3201 W. Griffin Rd	
CITY-ST-ZIP	Dania Fl 33312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/29/96 954/961-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)