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Jan 14 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000081096 (6)**
1. Corporation Name

PATHNET LABORATORIES, INC.

Principal Place of Business

**3201 W GRIFFIN RD
4TH FL
DANIA FL 33312
US**

Mailing Address

**P O BOX 15935
PLANTATION FL 33318-5935
US**

3. Date Incorporated or Qualified **10/19/1995**	**3a.** Date of Last Report **05/01/1996**

4. FEI Number **65-0615659**		Applied For / Not Applicable

2. Principal Place of Business | **2a.** Mailing Address

21	26

Suite, Apt #, etc | Suite, Apt. #, etc.

22	27

City & State | City & State

23	28

Zip | Country | Zip | Country

24	25	29	30

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 *Tony Pestano*
82	Street Address (P.O. Box Number is Not Acceptable) *3201 W. Griffin Rd., Suite 400*
83	
84	City *Dania*	FL	85 Zip Code *33312*

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] Tony Pestano*   *1/4/97*
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 **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **ARCADIO, OLIVA**		1.2 NAME	
STREET ADDRESS **3201 W GRIFFIN RD**		1.3 STREET ADDRESS	
CITY-ST-ZIP **DANIA FL 33312**		1.4 CITY-ST-ZIP	
TITLE **VPD**	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MARCELINO, ALVDREZ**		2.2 NAME	
STREET ADDRESS **3201 W GRIFFIN RD**		2.3 STREET ADDRESS	
CITY-ST-ZIP **DANIA FL 33312**		2.4 CITY-ST-ZIP	
TITLE **SD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **PESTRONO, TONY**		3.2 NAME	
STREET ADDRESS **3201 W GRIFFIN RD**		3.3 STREET ADDRESS	
CITY-ST-ZIP **DANIA FL 33312**		3.4 CITY-ST-ZIP	
TITLE **VPD**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **MARTINEZ, ANDRES**		4.2 NAME	
STREET ADDRESS **3201 W. GRIFFIN RD.**		4.3 STREET ADDRESS	
CITY-ST-ZIP **DANIA FL 33312**		4.4 CITY-ST-ZIP	
TITLE **VPD**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **MARTINEZ, ENRIQUE**		5.2 NAME	
STREET ADDRESS **3201 W. GROFFOM RD.**		5.3 STREET ADDRESS	
CITY-ST-ZIP **DANIA FL 33312**		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: *[signature] Arcadio Oliva - PD*   *1-4-97*   *954/961-2050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0278552