

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000093661 (3)**

1. Corporation Name:

DIVERSIFIED BIOMEDICAL RESOURCES, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 45-3553~~
~~MIAMI FL 33245~~

~~P.O. BOX 45-3553~~
~~MIAMI FL 33245~~

1385 CORAL WAY #207
MIAMI, FL 33145

1385 CORAL WAY #207
MIAMI, FL 33145

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/07/1995

4. FEI Number

Applied For

Not Applicable

65-0672342

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

FLURIACH, HILDA A
155 S MIAMI AVE PH
MIAMI FL 33128

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of registered agent or new registered agent and director or officer

Signature of registered agent or new registered agent and director or officer

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	TEJEIRO, LUISA B	
STREET ADDRESS	1105 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VTD	☐ DELETE
NAME	TEJEIRO, WILLIAM	
STREET ADDRESS	1105 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. 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)(g), 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 member or partner 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: *Luisa B. Tejeiro* **LUISA B. TEJEIRO** 4/24/96 858-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)