FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600038674 (3)

HIALEAH TESTING, INC. Principal Place of Business Mailing Address 1490 WEST 49TH PLACE 1490 WEST 49TH PLACE SUITE 390 SUITE 390 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 05/03/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0662847 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name RASSE, NELSON 10 S.W. 130TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 63 84 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETÉ Change 1.1 TITLE TITLE RASSE, NELSON NAME 1.2 NAME 10 N.W. 130TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33185** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE STD RASSE, NORMA 2.2 NAME NAME 10 N.W. 130TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33185 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 attention with an address.

6.4 CITY-ST-ZIP

112/98 205 60328

FILED

Jan 20 1998 8:00am

Secretary of State