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

PROFIT CORPORATION ANNUAL REPORT

1998

1

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

Apr 27 1998 8:00am

Secretary of State

Sangra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042593 (9)

SUN DATE LABS. INC.

Principal Place of Business Mailing Address 5030 CHAMPION BLVD 5030 CHAMPION BLVD O6-195 **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0726677 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ SR., ANTONIO 81 Name 5030 CHAMPION BLVD 82 Street Address (P.O. Box Number is Not Acceptable) STE G6-195 **BOCA RATON FL 33496** 83 84 City 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 regulated agent and titled applicable (NOTE: Begistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DIAZ. ANTONIO NAME 1.2 NAME 5030 CHAMPION BLVD STE G6-195 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 IIILE ☐ Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 THUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TILLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 suppliemental 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 altatument with an address.

6.4 CITY-ST-7IP