

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # P96000076286 (9)

1. Corporation Name
LABEL LABORATORIES, INC.



Principal Place of Business
18001 HEMINGWAY DRIVE
FT. LAUDERDALE FL 33326

Mailing Address
18001 HEMINGWAY DRIVE
FT. LAUDERDALE FL 33326-1100

3. Date Incorporated or Qualified
09/12/1996

3a. Date of Last Report

20 Principal Place of Business

21 1814 NE Miami Gardens Drive

20 Mailing Address

26 1814 NE Miami Gardens Drive

Suite, Apt. #, etc.

22 Suite # 407

Suite, Apt. #, etc.

27 Suite # 407

City & State

23 North Miami Beach, FL

City & State

28 North Miami Beach, FL

Zip

24 33179

Country

25 U.S.A.

Zip

29 33179

Country

30 USA

4. FEI Number

65-0697267

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

BURTON, PAUL
18001 HEMINGWAY DRIVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

LEONARD LEVY

82 Street Address (P.O. Box Number is Not Acceptable)

1814 NE Miami Gardens Drive

83

Suite # 407

84

City North Miami Beach

85

Zip Code 33179

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME P/S-T/D
LEONARD LEVY

1.2 STREET ADDRESS

1.3 CITY-ST-ZIP

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/S-T/D

1.3 STREET ADDRESS LEONARD LEVY

1.4 CITY-ST-ZIP 1814 NE Miami Gardens Drive suite # 407

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP North Miami Beach FL 33179

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

305-770-1240

Daytime Phone #

0288148

CR2E034 (9/96)