
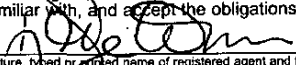


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90119 017 \*\*\*158.75

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # P96000090358  |  |  |  |
| 1. Corporation Name<br>QUALITY HEALTH LABORATORIES, INC.   |  |  |  |
| Principal Place of Business<br>6850 SW 24TH STREET<br>SUITE 101<br>MIAMI FL 33155  |  | Mailing Address<br>6850 SW 24TH STREET<br>SUITE 101<br>MIAMI FL 33155  |  |
| 2. Principal Place of Business<br>21 7245 SW 87 AVE<br>Suite, Apt. #, etc.<br>22 # 300<br>City & State<br>23 MIAMI, FL<br>Zip<br>24 33173<br>Country<br>25 USA   |  | 2a. Mailing Address<br>26 SAME<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30  |  |
| 9. Name and Address of Current Registered Agent<br>PEREZ, JORGE A<br>6850 CORAL WAY<br>SUITE 101<br>MIAMI FL 33155   |  |  |  |
| 10. Name and Address of New Registered Agent<br>81 Name Juan Carlos De Armas<br>82 Street Address (P.O. Box Number is Not Acceptable) 7245 SW 87 AVE<br>83 Suite 300<br>84 City Miami FL 85 Zip Code 33173   |  |  |  |
| 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.<br>SIGNATURE  Juan Carlos De Armas 4/29/99<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   |  |
| P<br>DE ARMAS, JUAN CARLOS<br>6850 CORAL WAY, SUITE 101<br>MIAMI FL 33155  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   |  |
| VD<br>PEREZ, JORGE A<br>6850 CORAL WAY, SUITE 101<br>MIAMI FL 33155  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |  |
| ST<br>PEREZ, JORGE E<br>6850 CORAL WAY, SUITE 101<br>MIAMI FL 33155  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   |  |
|  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   |  |
|  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   |  |
|  |  |  |  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>11/04/1996  |  |
| 4. FEI Number<br>65-0706403  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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 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, with all other like empowered.

SIGNATURE:  Juan Carlos De Armas 4/26/99 305-598-0140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)