

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000074105 (2)**

1. Corporation Name  
**SUPREME LAB, INC.**

Principal Place of Business <b>486 NE 29TH TER #2D                  MIAMI FL 33137</b>	Mailing Address <b>486 NE 29TH TER #2D                  MIAMI FL 33137</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>486 N.E. 29th Ter</b>	26 <b>486 N.E. 29th Ter</b>	22 <b>2D</b>	27 <b>2D</b>
City & State 23 <b>Miami, FL</b>		City & State 28 <b>Miami, FL</b>	
24 <b>33137</b>	25 <b>Miami Dade</b>	29 <b>33137</b>	30 <b>Miami Dade</b>

3. Date Incorporated or Qualified  
**08/25/1997**

4. FEI Number  
**105-0777727**  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**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BLANC, RICO**  
**486 NE 29TH TER #2D**  
**MIAMI FL 33137**

10. Name and Address of New Registered Agent

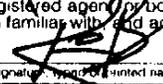
81 Name **Rico Blanc**

82 Street Address (P.O. Box Number is Not Acceptable)  
**486 N.E. 29th Ter Ste 2D**

83

84 City **Miami** **FL** 85 Zip Code **33137**

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 in 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  DATE **4/26/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, DOUG</b>	
STREET ADDRESS	<b>1461 NE 169TH ST #321</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLANC, RICO</b>	
STREET ADDRESS	<b>486 NE 29TH TER #2D</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>MARLENE Guillaume</b>	<input type="checkbox"/> DELETE
NAME	<b>486 N.E. 29th Ter #2D</b>	
STREET ADDRESS	<b>Miami, FL 33137</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE:  DATE **4/26/98**

CR2E034 (10/97)