

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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037419

1. Corporation Name

ALTERNATIVE BIOMEDICAL SERVICES, INC.



Principal Place of Business

2440 CORAL WAY
MIAMI FL 33145

Mailing Address

2440 CORAL WAY
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

2. Principal Place of Business

21 ~~2545 W. 80~~

2a. Mailing Address

26 2326 W. 78 STREET

4. FEI Number

65-0837030

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33016

Country

Zip

29 33016

Country

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINO, RAUL F ESQ
2440 CORAL WAY
MIAMI FL 33145

81 Name

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

83

84 City

FL

85 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 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 TD
NAME GONZALEZ, INOCENCIO
STREET ADDRESS 2322 W 78 STREET
CITY-STATE-ZIP HIALEAH FL 33016 ☐ DELETE

1.1 TITLE T.D.
1.2 NAME GONZALEZ, INOCENCIO J.
1.3 STREET ADDRESS 15100 NW 91 COURT
1.4 CITY-STATE-ZIP MIAMI, FL 33018 ☒ Change ☐ Addition

TITLE SD
NAME VALDEZ, AUGUSTIN JR
STREET ADDRESS 15113 NW 91 COURT
CITY-STATE-ZIP MIAMI FL 33012 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
NAME RAMIREZ, JOSE
STREET ADDRESS 2040 CERRO GORDO STREET
CITY-STATE-ZIP LOS ANGELES CA 90039 ☒ DELETE

3.1 TITLE D
3.2 NAME EGUSQUIZA, ROBERT
3.3 STREET ADDRESS 12815 SW 76 TERRACE
3.4 CITY-STATE-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE D
NAME CARNEADO, JULIO C
STREET ADDRESS 20154 SW 131 COURT
CITY-STATE-ZIP MIAMI FL 33177 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE PD
NAME RODRIGUEZ, LUIS JR
STREET ADDRESS 4752 GRAPEVINE WAY
CITY-STATE-ZIP DAVIE FL 33331 ☐ DELETE

5.1 TITLE P.D.
5.2 NAME RODRIGUEZ, LUIS JR
5.3 STREET ADDRESS P.O. BOX 291734
5.4 CITY-STATE-ZIP DAVIE, FL 33329-1734 ☒ Change ☐ Addition

TITLE D
NAME LAVAN, ELLEN M
STREET ADDRESS 4752 GRAPEVINE WAY
CITY-STATE-ZIP DAVIE FL 33331 ☐ DELETE

6.1 TITLE VP, D.
6.2 NAME LAVAN, ELLEN M.
6.3 STREET ADDRESS P.O. BOX 291734
6.4 CITY-STATE-ZIP DAVIE, FL 33329-1734 ☒ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

305 558 4996

Daytime Phone #

CR2E034 (11/98)