

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 1480000 14848

ALPHA CLINICAL LABORATORY CORP.

AMENDED

99 OCT 28 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

533 SW 12 AVE
MIAMI FL 33135

Mailing Address
P.O. Box 451259
MIAMI FL 33245

10/20/98/10/10/23#43.75

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified August 27, 1998	
21. Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 65-0861241	
22. City & State	27	City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28	Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29	Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMERILAWYER 343 AIMERIA AVE. CORAL GABLES, FL 33134				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				000003035430--2 -11/04/99--01091--005 *****26 JUNE*****26.25	

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>12</p> <p>VICE PRESIDENT <input checked="" type="checkbox"/> DELETE</p> <p>DOLORES M. MARTINEZ</p> <p>2310 SW 58 AVE</p> <p>MIAMI FL 33155</p> <p><input type="checkbox"/> DELETE</p>	<p>13</p> <p>1.1 TITLE SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>1.2 NAME + DIRECTOR</p> <p>1.3 STREET ADDRESS ELISEO MARTINEZ</p> <p>1.4 CITY-ST-ZIP 250 VELARDI</p> <p>CORAL GABLES FL 33134</p>		
<p><input type="checkbox"/> DELETE</p>	<p>2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME ROMAN A. MIGUEL</p> <p>2.3 STREET ADDRESS 11317 SW 74 TERR.</p> <p>2.4 CITY-ST-ZIP MIAMI FL 33173</p>		
<p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p>		
<p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p>		
<p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p>		
<p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>		

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 supplement 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, of the document with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone # _____

CR2E034 (11/98)