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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099402

Principal Place of Business	Mailing Address
770 S.W. 12TH STREET	8770 S.W. 12TH STREET
UITE 201	SUITE 201
IIAMI FL 93174	MIAMI FL 32174

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90064 006 ***150.00

ADVANI	TAGE DIAGNOSTIC, INC.					
Principal Pla	ace of Business	Mailing Address			PRIJE JENG JENI BIRN RA	(E E E
8770 S.W. 12TI	H STREET	8770 S.W. 12TH STREET		,		
Suite 201		SUITE 201		.]		
MIAMI FL 8317	4	MIAMI FL 38174		DO NOT WRITE IN	THIS SPACE	
		1		3. Date Incorporated or Qualifed		
				11/30/1998		1
	Place of Business	2a. Mailing Address	461	4. FEI Number	Арр	lied For
21 7 / 7	1 SW. J4 Street	26 7/7/5W.	Jy Street	62-08-8 497-	Not	Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	ditional
22) de#	5/5	27 Jre # 5	72.	5. Certificate of Status Desired	Fee Req	uired
City & Sta	ate .	City & State	I	6. Election Campaign Financing	\$5.00 A	May Be
23	com T1.	28 Micru		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip C	Country	8. This corporation owes the current y	ear Intangible	
24 33/5) 25 Vale	29 33/55 3	o Oade	Personal Property Tax.		□No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis		
N/III	ARREAL, JORGE		81 Name		2/2	İ
	S.W. 127H STREET		82 Strong Adda	man (7) of Bay Himsher in Alat Accontable)		
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300			83			
/ / / / / / / / / / / / / / / / / / /	0 FL 33074		84 City		es Zin Co	
<u></u>			'		F! (·
44 Durana	t to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named come	oration submits this statement for the purp	ase of changing its re	adistered
office or	registered egent or both in the Ctate of	Clarida Cual - Landa Campa	THE COUNTY OF THE PRODUCTION OF THE PARTY OF	organic suprimes and search received the heith	mentioned in the	
Unice of	registered agent, or both, in the State of am familiar with, and accept the obligation	riorida. Such change was auti	iorized by the comoratio	on's board of directors. I hereby accept the	appointment as regi	stered
agent. I a	am familiar with, and accept the obligation	riorida. Such change was auti	iorized by the comoratio	on's board of directors. I hereby accept the	appointment as regi	stered
agent. I a	am familiar with, and accept the obligation Signature, typed or printed name of registered agent is	ons of, Section 607.0505, Florid	iorized by the comoratio	on's board of directors. I hereby accept the .	appointment as regi	stered
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: