FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Amended

APPROVED AND FILED

1997 NOV 25 PM 2:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S15405 (1)

1. Corporation Name

UNIMED LABORATORY, INC.

Principal Place of Business	Mailing Address
5190 NW 167TH STREET SUITE 107 MIAMI, FL 33014-6329	5190 NW 167TH STREET SUITE 107 MIAMI, FL 33014-6329

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/21/1990
3a. Date of Last Report: 03/05/96
4. FEI Number: 65-0238500 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

PARK, YOUNG Y
5190 NW 167TH STREET
SUITE 107
MIAMI, FL 33014-6329

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[X] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	KIM, DONG W		1.2 NAME	
STREET ADDRESS	5190 NW 167TH ST 102		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL		1.4 CITY-ST-ZIP	
TITLE	VPD	[ ] DELETE	2.1 TITLE	PDTS [X] Change [ ] Addition
NAME	PARK, YOUNG Y		2.2 NAME	
STREET ADDRESS	5190 NW 167TH STREET #107		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33014-6329		2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	[ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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1/8 11/25/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: YOUNG Y PARK X [signature] X NOV. 20. 97 305-624-6162