

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00069** (7)

1. Corporation Name
LABYMED, INC.



Principal Place of Business

**6187 NW 167TH ST
H-40
MIAMI FL 33015
US**

Mailing Address

**6187 NW 167TH ST
#H-40
MIAMI FL 33015
US**

3. Date Incorporated or Qualified
12/13/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **6157 N.W. 167TH ST.**

26 **6157 NW 167TH ST**

4. FEI Number

65-0307188

Applied For
Not Applicable

22 State, Apt. #, etc.

27 State, Apt. #, etc.

F-22

F-22

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

23 City & State

28 City & State

MIAMI, FL

MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

33015

USA

33015

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AITKEN, RICHARD
6187 NW 167TH ST # H-40
SUITE 300
MIAMI FL 33015**

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 607.1505, 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 of the person making the statement, if not applicable)

(Signature of Registered Agent, if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **AITKEN, RICARDO**
STREET ADDRESS **19032 N.W. 56 COURT**
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **AITKEN, DIONNY**
STREET ADDRESS **19032 N.W. 56 COURT**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/25/96 (305) 876-7500

CR2E034 (12/95)