

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

FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M54934 (8)

1. Corporation Name  
ROBERT A. DEL CASTILLO, D.M.D., P.A.



Principal Place of Business Mailing Address  
15495 EAGLE NEST LANE SUITE 230 MIAMI LAKES FL 33014  
15495 EAGLE NEST LANE SUITE 230 MIAMI LAKES FL 33014-2242

3. Date Incorporated or Qualified 07/02/1987  
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address  
21 6600 COW PEN ROAD SUITE # 240 MIAMI, FLORIDA 33014  
22 SUITE # 240 MIAMI, FLORIDA 33014  
23 MIAMI, FLORIDA 33014 USA  
24 33014 25 USA  
26 6600 COW PEN ROAD SUITE # 240 MIAMI, FLORIDA 33014  
27 SUITE # 240 MIAMI, FLORIDA 33014  
28 MIAMI, FLORIDA 33014 USA  
29 33014 30 USA

4. FEI Number 59-2838440  
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 Yes  No

9. Name and Address of Current Registered Agent  
TOLEDO, RICHARD G  
NEW WORLD TOWER  
100 NORTH BISCAYNE BLVD., #1717  
MIAMI FL 33131  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CASTILLO, ROBERT A.	1.2 NAME	
STREET ADDRESS	1841 SW 129TH TERR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)