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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M54934

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



Principal Place of Business: 6600 COW PEN RD, STE 240, MIAMI LAKES FL 33014, US
Mailing Address: 6600 COW PEN RD, STE 240, MIAMI LAKES FL 33014, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1987
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 owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLEDO, RICHARD G
NEW WORLD TOWER
100 NORTH BISCAYNE BLVD., #1717
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code (FL)

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains information for Robert A. Del Castillo, Robert A. Del Castillo, and Robert A. Del Castillo.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains information for additions/changes to officers and directors.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 305-5367010 Date Daytime Phone #

CR2E034 (11/98)