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PROFIT **CORPORATION** TF



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

ANNUAL REPOR
1996

1. Corporation	MENT # M876 Name H AMERICAN DENTAL EX)					
Principal Place of Business Mailing Address * OSCAR LOPEZ * OSCAR LOPEZ								
1058 E 33 : HIALEAH FI	ST	1058 E 33 ST HIALEAH FL 33013			3. Date Incorporated or Qualified	3a. Date o		
2. Principal Pla	ce of Business	2a. Mailing Address			06/29/1988 4. FEI Number	04	1/04/19	Applied For
1		26			65-0066628			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & State		City & State			6. Election Campaign Financing			Required
3		28			Trust Fund Contribution			May Be i to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in			
4	25 9, Name and Address of Curre	29 29 Agent	30		Florida Statutes Yes 10. Name and Address of New Re	☑No	ant	····•
	g, name and Address of Carre	registered Agent		81 Name	10, Name and Address of New A	egistered Ag	Jent -	
LOPEZ	, OSCAR			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e).	· · · ·	
1058 E	AST 33 ST				ress (r. o. box ritiniber is not Acceptabl			
HIALEA	H FL 33013			83				
			ŀ	84 City			85 Zp	Code
				1		FL		
or registere familiar with	o the provisions of Sections 607.050 d agent, or both, in the State of Floi n, and accept the obligations of, Sec	rida. Such change was authori	ized by the c	ve named corpor corporation's boar	ration submits this statement for the purp and of directors. Thereby accept the appo	oose of chang intment as re	ging its re gistered	egistered office agent. I am
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certify that the information inforcated on this annual report or supplemental arrival 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:

Decon Lopen 3/21/56 300-633-8626