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FILED
Jun 09 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 # M87648 (5)
1. Corporation Name
SOUTH AMERICAN DENTAL EXPORTING, CORP.



Principal Place of Business: **% OSCAR LOPEZ Maria Alvarado 1058 E 33 ST HIALEAH FL 33013**

Mailing Address: **% OSCAR LOPEZ Maria Alvarado 1058 E 33 ST HIALEAH FL 33013-3526**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/29/1988		03/27/1996
4.	FEI Number	Applied For	
	65-0066628	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

~~LOPEZ, OSCAR~~
1058 EAST 33 ST
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: **MARIA M. ALVARADO**

82 Street Address (P.O. Box Number is Not Acceptable): **1058 East 33 Street**

84 City: **Hialeah** FL 85 Zip Code: **33013**

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: *Maria Alvarado* Pres. DATE: 4/9/97

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, OSCAR	
STREET ADDRESS	1058 E. 33RD ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALVARADO, MARIA M.	
STREET ADDRESS	1058 E. 33RD ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALVARADO, MARIA M.	
1.3 STREET ADDRESS	1058 E 33 Street	
1.4 CITY-ST-ZIP	Hialeah, FL 33013	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CABELLO, JUAN CARLOS	
2.3 STREET ADDRESS	1058 E 33 Street	
2.4 CITY-ST-ZIP	Hialeah, FL 33013	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Maria Alvarado* President DATE: 4/9/97

CR2E034 (9/96)