


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N30019 (6)

1. Corporation Name
WEST DADE DENTAL SOCIETY, INC.



| | |
|---|---|
| Principal Place of Business C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186 | Mailing Address C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/30/1988 | 3a. Date of Last Report 03/19/1996 |
|--|--|

| | |
|---|---|
| 21. Principal Place of Business DR. Francisco M. Granda | 2a. Mailing Address DR. Francisco M. Granda |
| 22. Suite, Apt. #, etc. U 880 Bird Rd. Suite 303 | 27. Suite, Apt. #, etc. Suite 303 |
| 23. City & State Miami FL | 28. City & State Miami FL |
| 24. Zip 33175 | 29. Zip 33175 |

| | |
|---|--|
| 4. FEI Number 65-0100640 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

GRANDA, FRANCISCO M
11880 BIRD ROAD
SUITE 303
MIAMI FL 33175

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 Suite 303 | FL |
| 84 City | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

9 July - 97

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | <input checked="" type="checkbox"/> Past President | <input type="checkbox"/> DELETE |
| NAME | SABATES, CESAR R | |
| STREET ADDRESS | 747 PONCE DE LEON BLVD. #23-B | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | <input checked="" type="checkbox"/> President | <input type="checkbox"/> DELETE |
| NAME | MOLINA, RAUL G | |
| STREET ADDRESS | 10141 SW 40TH ST | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | <input checked="" type="checkbox"/> Vice-President | <input type="checkbox"/> DELETE |
| NAME | GRANDA, FRANCISCO M | |
| STREET ADDRESS | 11880 BIRD ROAD #303 | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | <input checked="" type="checkbox"/> President elect | <input type="checkbox"/> DELETE |
| NAME | SANCHEZ, CARLOS A | |
| STREET ADDRESS | 7690 W FLAGLER ST | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | <input checked="" type="checkbox"/> D | <input type="checkbox"/> DELETE |
| NAME | NOVOA, JOAQUIN J | |
| STREET ADDRESS | 5730 SW 74TH TERR | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | <input checked="" type="checkbox"/> Treasurer | <input type="checkbox"/> DELETE |
| NAME | VILLELA, BERNARDO | |
| STREET ADDRESS | 8500 W. FLAGLER ST. #A-108 | |
| CITY-ST-ZIP | MIAMI FL 33144 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Past President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Sabates Cesar R | |
| 1.3 STREET ADDRESS | 747 Ponce de Leon Blvd #23-B D | |
| 1.4 CITY-ST-ZIP | Coral Gables FL 33134 | |
| 2.1 TITLE | <input checked="" type="checkbox"/> President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Molina Raul G | |
| 2.3 STREET ADDRESS | 10141 SW 40th St D | |
| 2.4 CITY-ST-ZIP | Miami FL 33165 | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Granda Francisco M | |
| 3.3 STREET ADDRESS | 11880 Bird Rd #303 D | |
| 3.4 CITY-ST-ZIP | Miami FL 33175 | |
| 4.1 TITLE | <input checked="" type="checkbox"/> President elect | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Sanchez Carlos | |
| 4.3 STREET ADDRESS | 7690 W. Flagler St T | |
| 4.4 CITY-ST-ZIP | Miami FL 33144 | |
| 5.1 TITLE | <input type="checkbox"/> D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Novoa Joaquin J | |
| 5.3 STREET ADDRESS | 5730 SW 74th Terr T | |
| 5.4 CITY-ST-ZIP | Miami FL 33143 | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Villela, Bernardo | |
| 6.3 STREET ADDRESS | 8500 W. Flagler St #A-108 T | |
| 6.4 CITY-ST-ZIP | Miami FL 33144 | |

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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8 - Jan 97

CR2E037 (9/96)