

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

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5:11 PM - 1 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Anthony  
Secretary of State  
Tallahassee, Florida 32399-0001

**DOCUMENT # P94000033020 (6)**

1. Corporation Name  
**DENTOVAR, INC.**

2. Principal Office Address  
**1909 S.W. 107TH AVE.  
#902  
MIAMI FL 33165**

3. Mailing Address  
**1909 S.W. 107TH AVE.  
#902  
MIAMI FL 33165**

Date of Filing of this Report

3. Date of Report (if different) **05/02/1994** 3a. Date of Last Report

21. State App # 1	26. Mailing Address	4. FEI Number <b>45-0486678</b>	Applied For Not Applicable
22. State App # 2	27. State App # 2	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23. State App # 3	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
24. State App # 4	29. City & State	8. This corporation has liability for intrastate securities under the Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOVAR, DIANA  
1909 S.W. 107TH AVE.  
APT. 902  
MIAMI FL 33165**

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	<b>FL</b>
B5. Zip Code	

11. Pursuant to the provisions of Sections 600.01 and 607.11 of the 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, thereby, accept the appointment as registered agent. I, the undersigned, do hereby certify the validity of the above information.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	<b>ALFARDO TOVAR</b>	1. NAME	
2. STREET ADDRESS	<b>1909 SW 107 Ave # 902</b>	2. STREET ADDRESS	
3. CITY	<b>MIAMI FL 33165</b>	3. CITY	
4. TITLE	<b>VICE-PRESIDENT</b>	4. TITLE	
5. NAME	<b>DIANA TOVAR</b>	5. NAME	
6. STREET ADDRESS	<b>1909 SW 107 Ave # 902</b>	6. STREET ADDRESS	
7. CITY	<b>MIAMI FL 33165</b>	7. CITY	
8. TITLE		8. TITLE	
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY		11. CITY	
12. NAME		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY		14. CITY	
15. NAME		15. NAME	
16. STREET ADDRESS		16. STREET ADDRESS	
17. CITY		17. CITY	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY		20. CITY	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and that I am qualified to file the corporation's annual report in the State of Florida. I further certify that the information is not false or misleading and that my signature shall have the same legal effect as if made in the State of Florida. I am an officer or director of the corporation or the undersigned is a duly authorized agent of the corporation and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: **Diana Tovar, DIANA TOVAR**

**4/4/95**