FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000002168 (7)

DENTA	L TECHNOLOGIES, INC.				
Principal Plac	e of Business	Mailing Address		1 18011501 110 18111 18811 88111 88111 88111	DUHLU KEDUK PLULU PLUBA 1866 1881
11098 BISCAYNE BLVD. 11098 BISCAYNE BLVD. SUITE 205 SUITE 205 MIAMI FL 33161 MIAMI FL 33161				DO NOT WRITE IN TH	IS SPACE
				01/08/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 614 1	N.E. 194 8t.	26		65-0720346	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Worth City & State	Miami	City & State		6 Starting Compoler Floring	
23 Nonth	Miami FL.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 331	61 25 DADE	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	d Agent
	LLEY, CHRISTOPHER		81 Name		
	098 BISCAYNE BLVD.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ITE 205		83		
MU	AMI FL 33161				
			84 City		85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obligation familiar with and accept the obligation from the state of familiar with and accept the obligation from the other states agent from the other st		uthorized by the corporida Statutes. Registered Agent signature rec	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Ō	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARROCCO, RON		1.2 NAME		
STREET ADDRESS	614 N.E. 124TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161-5523		1.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	2.1 1/TLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	,	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST+ZIP		
TITLE		DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		!
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		C) Change C) Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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.

6.4 CiTY-ST-ZiP

FILED

Apr 24 1998 8:00am

Secretary of State