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

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or open



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000031706 (9)

REINALDO HORTA, D.M.D. CORPORATION

| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | |
|------------------------------------|---|---|-----------------------------------|--------------------|--------------------|---|--|
| 764 EAST 10TH STREET 764 EAST 10TH | | | EET | | | | |
| HIALEAH FL | | HIALEAH FL 33010 | HIALEAH FL 33010 | | | DO MOT HIDITE IN THE OR OF | |
| | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified | |
| | | | | | | 04/08/1997 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4, FEI Number Applied For | |
| 21 | | 26 | · i i - · · · · · · · · · · · · · | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | 27 | | | Fee Required | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | 28 | | | Trust Fund Contribution | |
| Zip | Country | Zip | Cou | Country | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No | |
| | 9. Name and Address of Curr | ent Registered Agent | | 1 | | 10. Name and Address of New Registered Agent | |
| нс | ORTA, REINALDO | | | 81 | Name | | |
| 764 EAST 10TH STREET | | | | L | | (0.0 0.0) | |
| | ALEAH FL 33010 | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| 171/ | ALEAN FL 33010 | | | 83 | | | |
| | | | | | | | |
| | | | | 84 | City | FL 85 Zip Code | |
| 11 Pursuant | to the provisions of Sections 607.0 | 502 and 607 1508. Florida S | statutes, the a | boye | a-named cr | | |
| office or a agent. I a | registered agent, or both, in the Sta im familiar with, and accept the ob- | ite of Florida. Such change ingations of, Section 607.050 | was authorize 5, Florida Sta | d by tutes | r the corpor 3. | orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | | | | | | | |
| 44 | Signature, typed or printed name of registered | | | d Age | ni signature réc | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | | ND DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSTD | [] Detelo | | | | E cuantie E vocinon | |
| NAME | HORTA, REINALDO | | | 1.2 NAME | | | |
| STREET ADDRESS | | | 1.3 \$ | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33018 | | | 1.4 CITY-ST-ZIP | | | |
| TITLÉ | ☐ D€LETE | | 2.1 1 | 2.1 TITLE | | Change Addition | |
| NAME | | | 2.2 N | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 S | TREET | ADDRESS | | |
| CITY-ST-ZIP | | | 2.40 | OTY-S | ST-ZIP | | |
| TITLE | | DELETE | | | | Change Addition | |
| NAME | | | 3.2 N | AME | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | | | ST-ZIP | Change Addition | |
| | | L_ PLUI | | | | La Stinigo La Radinon | |
| NAME ' | | | 4.21 | | | | |
| STREET ADDRESS | | | 4.3 S | THEET | ADDRESS | | |
| CITY-ST-ZIP | | ·-··· | | | 1 - ZIP | | |
| TITLE | | L DELETE | 5.1 T | ITLE | | Change Addition | |
| NAME | | | 5.2 N | AME | | | |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 C | ITY-S | ST - ZIP | | |
| TITLE | | DELETE | 6.1 T | ITLE | | Change Addition | |
| NAME | | | 62 N | AME | | | |
| STREET ADDRESS | | | | | ADDRESS | | |

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eccivery or tristice employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in