

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041017 (9)
1. Corporation Name
FAMILY DENTAL GROUP OF MIAMI #2, INC.



Principal Place of Business: 14810 DADE PINE AVENUE MIAMI LAKES FL 33014
Mailing Address: 14810 DADE PINE AVENUE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1997

4. FEI Number: 65-0765741 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: RARICK, PHILLIP B ESO, 7850 N.W. 146TH STREET, SUITE 502, MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent: Jose E Quintana, 3333 SW 27 St, Miami, FL 33133

11. Pursuant to the provisions of Sections 607.0102 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: *[Signature]* DATE: 4/16/98

12. OFFICERS AND DIRECTORS

TITLE: President	NAME: Ramon Zardon	STREET ADDRESS: 14610 Dade Pine Ave	CITY-ST-ZIP: Miami, LAKES FL 33014
TITLE: Vice President	NAME: Ramon Bana	STREET ADDRESS: 7060 W. 16 Ave	CITY-ST-ZIP: HIALESAH FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/16/98 305 827 1700

CR2E034 (10/97)