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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000089830 (8)

1. Corporation Name
FAST DENTAL CARE CORP.

Principal Place of Business	Mailing Address
7750 SOUTHWEST 31ST STREET MIAMI FL 33155	7750 SOUTHWEST 31ST STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 6760 SW 24 STREET	26 6760 S.W 24 STREET	10/20/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 SUITE 203	27 SUITE 203	65-0788207	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 MIAMI FLORIDA	28 MIAMI FLORIDA	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 current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24 33155 / 25	29 33155 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name VILLAMIL, ORESTES G. 82 Street Address (P.O. Box Number is Not Acceptable) 6760 S.W. 24 STREET STE. 203 83 84 City MIAMI FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 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 X _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	VILLAMIL, ORESTES G		1.2 NAME	
STREET ADDRESS	7750 SOUTHWEST 31ST STREET		1.3 STREET ADDRESS	6760 S.W. 24 STREET STE. 203
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BAEZ, ARMANDO		2.2 NAME	
STREET ADDRESS	7750 SOUTHWEST 31ST STREET		2.3 STREET ADDRESS	6760 SW 24 STREET STE,203
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	MIAMI FLORIDA 33155
TITLE	S	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GONGOTE, CONNIE		3.2 NAME	
STREET ADDRESS	7750 SOUTHWEST 31ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE _____ 778-7344