

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90003 013 ***158.75
 09-08-1999 90008 010 ***391.25

DOCUMENT # **P98000066950**
 Corporation Name **DENTAL PROFESSIONAL GROUP, INC.**
280 SW 8TH ST. - SUITE 532
MIAMI FL 33130

Place of Business **SW 8TH ST. E 532 MIAMI FL 33130**
 Mailing Address **280 SW 8TH ST. SUITE 532 MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 26
 Apt. #, etc. 27
 State 28
 Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified **7-27-98**
 4. FEI Number **65-0851770** 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
RICARDO GONZALEZ
280 SW 8TH ST.
SUITE 532
MIAMI, FL 33130

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PRESIDENT ELIANA GONZALEZ 280 SW 8TH ST - SUITE 532 MIAMI FL 33130	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY RICARDO GONZALEZ 280 SW 8TH ST - SUITE 532 MIAMI FL 33130	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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, with all other like empowered.

SIGNATURE: **ELIANA GONZALEZ - President** Date **6-9-99** (305) 969 2187 Daytime Phone #