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95 MAY -1 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S 22644 (6)

1. Corporation Name
F. A/FONZO DENTALS INC.

Principal Place of Business Mailing Address

**10550 N.W. 77TH CT.
#207
HALEAH FL 33016**

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#207
HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

21 21 26 10550 NW 77 CT

22 Suite, Apt. #, etc 27 # 207

23 City & State 28 HALEAH FL

24 Zip 25 Country 29 33016 30 DADE

4. FEI Number Applied For

65-0260109 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ALFONZO FARRA A.

9810 SW 194 ST

MIAMI FL 33177

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

FL

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 _____

Signature (Typed or Printed Name of registered agent and the filer) Registered Agent Signature (Required when resigning) (Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP

PR ALFONZO FARRA A. 9810 SW 194 ST MIAMI FL

VP DE J. FERNANDO ALFONZO 9810 SW 194 ST MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP

100001434651 -05/12/95--01007--013 ****200.00 ****200.00

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: FARRA FERNANDO ALFONZO

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-1-95 (305) 821-2137