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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$36249

1. Corporatio	Name NENTAL CORP	5				
Principal Plac	ce of Business	Mailing Address			Att Biller Midle delter i	Bilbir Oracı isadı
770 W 20TH S HIALEAH FL 33		770 W 20TH ST HIALEAH FL 33010				•
1	,			DO NOT WRITE IN T	HIS SPACE	
				 Date Incorporated or Qualifed 02/26/1991 		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		65-0253400	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27		3 .	Fee Re	•
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	
23		28 7in	Country	Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	30	 This corporation owes the current year Personal Property Tax. 	Intangible Yes	□No
24	25 25 Name and Address of Curr	ent Registered Agent	30	10. Name and Address of New Register		
	<u>, </u>		81 Name	10.	_	
	VO, SIMON		20 00 01	(D.O. D		
	W 20TH ST		82 Street Add	fress (P.O. Box Number is Not Acceptable)		
HIAL	LEAH FL 33010		83		• . •	1 2 2 3 2 3
			24 20		(a=1 = : .e	***
			84 City	F	85 Zip (Doge
	to the provisions of Sections 607 N					
office or r	registered agent, or both, in the Stat am familiar with, and accept the obliq	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corporati orida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as re	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corporationida Statutes. E: Registered Agent signature requires	ion's board of directors. I hereby accept the ap	pointment as re	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corporati orida Statutes.	ion's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE 12.	registered agent, or both, in the Stat Im familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	te of Florida, Such change was gations of, Section 607.0505, Fl gent and title if applicable. (NOT AND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature requirements.	ion's board of directors. I hereby accept the ap	AND DIRECTO	gistered RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A VP BRAVO, SIMON	te of Florida, Such change was gations of, Section 607.0505, Fl gent and title if applicable. (NOT AND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13.	ion's board of directors. I hereby accept the ap	AND DIRECTO	gistered RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST	te of Florida, Such change was gations of, Section 607.0505, Fl gent and title if applicable. (NOT AND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ion's board of directors. I hereby accept the ap	AND DIRECTO	gistered RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A VP BRAVO, SIMON	te of Florida, Such change was gations of, Section 607.0505, Fl gent and title if applicable. (NOT AND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ion's board of directors. I hereby accept the ap	AND DIRECTO	gistered RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ion's board of directors. I hereby accept the ap	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ion's board of directors. I hereby accept the ap	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	ion's board of directors. I hereby accept the ap	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ion's board of directors. I hereby accept the ap	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST	te of Florida. Such change was gations of, Section 607.0505, Flogent and title if applicable. AND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ion's board of directors. I hereby accept the ap	AND DIRECTO Change	PRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Flogent and title if applicable. AND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change	PRS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Flogent and title if applicable. AND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change	PRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature requiring 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE TITLE	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 TITLE 5.3 TITLE 5.3 TITLE 5.4 TITLE 5.5 TITLE	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A VP BRAVO, SIMON 770 W 20TH ST HIALEAH FL P BRAVO, JORGE 770 W 20TH ST HIALEAH FL	te of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	authorized by the corporationida Statutes. E: Registered Agent signature required 13. 1.1 TITLE 12 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	ion's board of directors. I hereby accept the ap	AND DIRECTO Change Change	RS IN 12 Addition Addition

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 appraidness, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR POWER OF SIGNING OFFICER OR DIRECTOR

1.5-99

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90009 003 ***150.00

(301) 887-)(21

CR2E034 (11/98)