FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

PM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565743 (2)

1. Corporate Name
ROSENDO FORNS, D.M.D., P.A.

Principal Place of Business
124 ALMERIA
CORAL GABLES FL 33134

Mailing Address
124 ALMERIA
CORAL GABLES FL 33134

2. Date of Incorporation: 01/30/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1793659 — 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. Does corporate mailing address change in order to receive Florida Statutes? Yes / No: X

21 Street Address
22 City
23 State
24 Zip Code
25 Country
26 Mailing Address
27 City
28 State
29 Zip Code
30 Country

9. Name and Address of Current Registered Agent
FORNS, ROSENDO
322 ALAHAMBRA CIRCLE
CORAL GABLES FL 33134

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

11. [illegible]

SIGNATURE

12. Officers and Directors

TITLE	PD
NAME	FORNS, ROSENDO
STREET ADDRESS	124 ALMERIA AVE.
CITY, STATE, ZIP	CORAL GABLES FL
TITLE	V
NAME	FORNS, ARMANTINA
STREET ADDRESS	111 SW 24 RD
CITY, STATE, ZIP	MIAMI FL
TITLE	S
NAME	SANTOS, LOURDES M
STREET ADDRESS	7721 SW 89 CT
CITY, STATE, ZIP	MIAMI FL

13. Additions, Changes to Officers and Directors
Change / Add

14. I hereby certify that the information supplied with this report is accurate, complete and current, to the extent required by the corporate records, Florida Statutes. Further, I have read the attached instructions and have attached the proper fee. I understand 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 a receiver or other court-appointed fiduciary pursuant to Section 607.0193(2), Florida Statutes; and that my name appears in Block 12 or Block 13 hereinabove or I have attached with an address.

SIGNATURE: 2/15/95 (305)448-9500
SIGNATURE AND TYPE OR PRINTED NAME OF RIGHTFUL OFFICER OR DIRECTOR
Rosendo Forns

37

0140417 CP