

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K16440 (5)

1. Corporation Name

LUIS M. LLAMAS, D.D.S., P.A.



Principal Place of Business

Mailing Address

747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES FL 33134

747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 5965 Ponce de Leon

26 5965 Ponce de Leon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coral Gables FL

28 Coral Gables FL

Zip

Country

Zip

Country

24 33146

25

29 33146

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLAMAS, LUIS M.
747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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 title, if applicable.

(If the Registered Agent's signature is required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

0 LLAMAS, LUIS M., D.D.S.
747 PONCE DE LEON BLVD
CORAL GABLES FL

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 6/14/96

CR2E034 (3/96)