

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000084250

Entity Name: AXEL DENTAL LAB.INC

Current Principal Place of Business:

491 NW 27 AVE
MIAMI, FL 33125

Current Mailing Address:

491 NW 27 AVE
MIAMI, FL 33125

FEI Number: 46-3925997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, AXEL SR
676 EAST 18 ST
HIALEAH, FL 33013 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name PEREZ, AXEL SR.
Address 491 NW 27 AVE
City-State-Zip: MIAMI FL 33125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AXEL PEREZ

PRESIDENT

02/25/2016

Electronic Signature of Signing Officer/Director Detail

Date