

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **486083** (9)
1. Corporation Name
JOAQUIN J. NOVOA, D.D.S., P.A.



Principal Place of Business: ~~2020 S.W. 27 AVE. MIAMI, FL 33145~~
Mailing Address: ~~2020 S.W. 27 AVE. MIAMI, FL 33145~~

2. Principal Place of Business: **5730 S.W. 74 terrace**
21. Suite, Apt. #, etc.
22. City & State: **MIAMI FLA**
23. Zip: **33143** 25. Country: **USA**
2a. Mailing Address: **5730 S.W. 74 terrace**
26. Suite, Apt. #, etc.
27. City & State: **MIAMI FLA**
28. Zip: **33143** 30. Country: **USA**

3. Date Incorporated or Qualified: **10/01/1975**
3a. Date of Last Report: **04/25/1995**
4. FFI Number: **59-1621110**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TRIDAY, CARLOS A
250 BIRD RD #301
CORAL GABLES FL 33146**
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. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ (b. 1) Registered Agent signature required after filing (c) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: NOVOA, JOAQUIN J.(D.D.S)		2.2 NAME:	
3. STREET ADDRESS: 2020 S.W. 27 AVE 5730 S.W. 74 terrace		3.3 STREET ADDRESS:	
4. CITY, ST, ZIP: MIAMI FL MIAMI FLA 33143		4.4 CITY, ST, ZIP:	
5. TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		2.2 NAME:	
7. STREET ADDRESS:		2.3 STREET ADDRESS:	
8. CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		3.2 NAME:	
11. STREET ADDRESS:		3.3 STREET ADDRESS:	
12. CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		4.2 NAME:	
15. STREET ADDRESS:		4.3 STREET ADDRESS:	
16. CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		5.2 NAME:	
19. STREET ADDRESS:		5.3 STREET ADDRESS:	
20. CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
21. TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:		6.2 NAME:	
23. STREET ADDRESS:		6.3 STREET ADDRESS:	
24. CITY, ST, ZIP:		6.4 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)(k), 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 or powered 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, in an address.

SIGNATURE: *Joquin Novoa*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/29/96** 305 665-345

CR2E034 (12/95)