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

PROFIT



FLORIDA DEPARTMENT OF STATE

	RPORATION UAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORAT		IONS			
DOCU 1. Corporation	MENT # (601986	(3)					
ROBE	RT E. MARLIN, I	D.D.S., P.A.				# 113/11 Chill Objet 110/0 tens 14/1	S Biệt Bhân Châis Co	A III BABRI ANANI ANARI KAAN
Principal Plac	e of Business		iling Address		·			
			7701 S.W. 62 AVENUE MIAMI FL 33143					
						3. Date Incorporated or Qualified 03/06/1970	3a. Date of 01/3	Last Report 1/1995
F: 1 '	ริสตอ of Business		Mailing Address			4. FEI Number	· - 	Applied For
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.			59-1290500		Not Applicable
22		27				5. Certificate of Status Desired		8.75 Additional Fee Required
City & Stat	te	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zipi [24]	Cour	ntry 29 Iress of Current Regist	Zıp	Gountry 30	<i>y</i>	1 .	□No	
<u></u>	g, Name and Add	ress of Current Hegist	ered Agent	81	Name	10. Name and Address of New F	tegistered Age	nt
MARLIN	N,ROBERT E			82		(DA) D. Al		
11200 SW 71 AVE					Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
MAMI I	FL 33156			83				
				84	City		F-, 8	5 Zip Code
11. Pursuant	to the provisions of So	ctions 607.0502 and 607	.1508, Florida Statutes	, the above-	named coroc	ration submits this statement for the rvii	FL ones of changing	og ite registered office
or registe familiar w	red agent, or both, in t rith, and a ceptime obl	he State of Florida, Such gations of Section 607.0	change vas authorized 505, Horida Statutes	by the corp	oration's boa	ration submits this statement for the purard of directors. I hereby accept the app	ointment as regi	stered agent. I am
SIGNATURE	11 (How	1 7 M			تـ	1 1 2 3	196	
12.	545 in the Tyted or birted har	The of registered agent and title Factor of the Pactor of		Rogistered Age	nt signature requir	ed when reinstating! ADDITIONS/CHANGES TO OFF	DATE	ECTOSC WITE
11:16	PD		DELETE	1 I TITLE		ADDITIONS/CHANGES TO OFF		hange Addition
NAME	MARLIN, ROBER			1.2 NAME			_	DECTORS IN 12 Panage
STREET ADDRESS	3550 BISCAYNS	E BLVD		1.3 STREE	r address			lij Lij
CIY SI ZP	MIAMI FL D		☐ DELETE	1.4 CITY - :	ST-21P			
NAME:	MARLIN, PENNY			2 1 TITLE 2 2 NAME				hange
SIBELL ACOPESS	3550 BISCAYNE			2.3 STREE	ADDRESS			
CHY-S1-ZIP	MIAMI FL			2 4 CITY-				
TIFLE			□ DELETE	3 1 TITLE			Cr	nange 🔲 Addition
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CITY-ST ZIP					T ADDRESS			
THE			DELETE	3.4 CITY-5	51 - ZIP			nange Addition
NAME				4 2 NAME	j		₩,	inge T voorron
STREET ADDRESS				4 3 STREE	ADDRESS			
CHY-ST ZP				4.4 CHTY - S	ST - ZIP			
Tall E			☐ DELETE	5 1 TITLE			Cr	nange 🔲 Addition
NAME STREET ADDRESS				5.2 NAME				
51301 1 9009(55 CID \$1-70				5 3 STREET				
AIME		/· 	DELETE	5 4 CITY - 5 6 1 TITLE	11 · ZIP		☐ Cr	nange
NAME			-	6 2 NAME			_ u	endo 🗖 vaginán
STREET ADDRESS				63 STREET	ADDRESS			į

14. I do hereny 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if shanged, or on an attachment with an address. 305-666-5889

63 STREET ADDRESS 6 4 CITY - ST - 7IP

SIGNATURE: