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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601986

1. Corporation Name

POREDT E MARILIN D.D.S. BA

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90057 043 \*\*\*150.00

| HUDEN  | I E. MAHLIN, U.U.S., P.A.   |   |   |   |  |                        |                                |   |
|--|---|---|---|---|--|------------------------|--------------------------------|---|
|  |   |   |   |   |  |                        |                                |   |
| Principal Plac   | ce of Business  | Mailing Address   |   |   | + INDITA ESTA ONTO 11913 SD  | 184 IDIIO DIIJ SIDII 1 | RABIA DIDA DIDI                | 01811 <b>8</b> 1811 1001                      |
| 7701 S.W. 62   | AVENUE  | 7701 S.W. 62 AVENUE   |   |   |  |                        |                                |   |
| MIAMI FL 3314  | 43  | MIAMI FL 33143  |   |   | DO NOT   | VRITE IN THIS          | CDACE                          |   |
|  |   |   |   |   | 3. Date Incorporated or Quali  |                        | SPACE                          |   |
|  |   |   |   |   | 03/06/1970   | ieu                    |                                |   |
| 2. Principal F   | Place of Business   | 2a. Mailing Address   |   |   | 4. FEI Number  | ****                   | Ar                             | plied For                                     |
| 21   |   | 26  |   |   | 59-1290500   |                        | <u> </u>                       | ot Applicable                                 |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |   |   |  | : ~~ .                 | \$8.75                         |   |
| 22   |   | 27  |   |   | 5. Certifcate of Status Desired  | d □                    | Fee Re                         | equired                                       |
| City & Sta   | te  | City & State  |   | <u>-</u>  | 6. Election Campaign Financi   | ing $\Box$             | \$5.00                         | May Be  |
| 23   |   | 28  |   |   | Trust Fund Contribution  |                        | Added                          | to Fees                                       |
| Zip  | Country   | Zip   | Count   | ry  | 8. This corporation owes the   | current year Int       |                                | <b></b>                                       |
| 24   | 25  | 29  | 30  |   | Personal Property Tax.   | Bt.4                   | Yes                            | □No   |
|  | 9. Name and Address of Curre  | ent Registered Agent  | 8   | 11 Name   | 10. Name and Address of Ne   | w Registered           | Agent                          |   |
| MAF  | rlin robert e   | κ,  | Ľ   |   |  |                        |                                |   |
|  | 00 SW 71 AVE  | •   | 8   | Street Add  | dress (P.O. Box Number is Not Acc  | eptable)               |                                |   |
|  | MI FL 33156   |   | 8   | 3   |  |                        |                                | San Albert A                                  |
|  |   |   |   |   | <u> </u>   | <u>.</u> .,            |                                | 68  |
|  | • • •   |   | 8   | 4 City  |  | FI                     | 85 Zip (                       | Code  |
| 11. Pursuant   | to the provisions of Sections 607.05  | 02 and 607.1508. Florida St   | atutes, the abo   | ve-named cor  | rooration submits this statement for   | the purpose of         | changing its                   | registered                                    |
|  |   |   | aratoo, nie ass   |   | the state of the s | cont the appai         | ntment as re                   | gietorod                                      |
| office or i  | registered agent, or both, in the State   | e of Florida. Such change wa  | as authorized b   | ov the corporat   | tion's board of directors. I hereby at   | rept the appoi         | manient as re                  | gistereu                                      |
| office or i<br>agent. I a  | registered agent, or both, in the State<br>am familiar with, and accept the oblig   | e of Florida. Such change wa<br>pations of, Section 607.0505,                                       | as authorized b<br>Florida Statute  | ov the corporat   | tion's board of directors. I hereby ac   | жері іне арроі         | nunent as ro                   | gistered                                      |
| office or i  | registered agent, or both, in the State<br>am familiar with, and accept the oblig   | pations of, Section 607.0505,   | Florida Statute   | by the corporations.  | tion's board of directors. I hereby at   | рате                   |                                | yistereu .                                    |
| office or i<br>agent. I a  | registered agent, or both, in the State<br>am familiar with, and accept the oblig<br>Signature, typed or printed name of registered ag  | pations of, Section 607.0505,   | Florida Statute   | by the corporations.  | •  | DATE                   |                                |   |
| office or agent. I a   | registered agent, or both, in the State am familiar with, and accept the oblig  Signature, typed or printed name of registered agent   OFFICERS A   | pations of, Section 607.0505, pent and title if applicable. (N                                      | Florida Statute  OTE: Registered Ag  13.  | by the corporal es.  pent signature requi   | ired when reinstating)   | DATE                   |                                |   |
| office or agent. I a<br>SIGNATURE  | registered agent, or both, in the State am familiar with, and accept the oblig  Signature, typed or printed name of registered agent PD  MARUN, ROBERT E  | pations of, Section 607.0505, sent and title if applicable (N ND DIRECTORS                          | Florida Statute  OTE: Registered Ag  13.  | by the corporates.  | ired when reinstating)   | DATE                   | ID DIRECTO                     | DRS IN 12                                     |
| SIGNATURE  12.   | registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A PD MARUN, ROBERT E 3550 BISCAYNE BLVD   | pations of, Section 607.0505, sent and title if applicable (N ND DIRECTORS                          | Florida Statute  IOTE: Registered Ag  13.  1.1 TITLE  1.2 NAME  | by the corporates.  | ired when reinstating)   | DATE                   | ID DIRECTO                     | DRS IN 12                                     |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusteg empowered 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 with an address, with all other like expowered.

SIGNATURE: