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May 28 1997 8:00am  
Secretary of State

CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # 602186 (9)

1. Corporation Name

PAUL H. BUSKER D.D.S., STANLEY L. ZAKARIN D.D.S.  
AND JAMES M. STEIG, D.D.S., P.A.

2. Name of Principal Officers

RIN, D.D.S. & JAMES M. STEIG, DDS, P.A.  
8500 S.W. 92 STREET  
MIAMI FL 33156

3. Mailing Address

RIN, D.D.S. & JAMES M. STEIG, DDS, P.A.  
8500 S.W. 92 STREET  
MIAMI FL 33156

2. Principal Officers of Directors

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. City & State

2d. Zip

2e. Country

9. Name and Address of Current Registered Agent

ZAKARIN, STANLEY L.  
8500 S.W. 92ND STREET, SUITE #103  
MIAMI FL 33158

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1970	7/9/96
4. FIC Number	Applicable For
59-1299883	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
6. The corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0205 and 607.0207, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office location and, in the State of Florida, the corporation 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, Sections 607.0205, Florida Statutes.

OFFICERS

Name, Title, and Mailing Address of Each Officer

OFFICERS AND DIRECTORS

12. NAME	PD
13. STREET ADDRESS	ZAKARIN, STANLEY L.
14. CITY, STATE, ZIP	8500 S.W. 92 STREET
15. NAME	MIAMI FL
16. NAME	D
17. STREET ADDRESS	STEIG, JAMES M.
18. CITY, STATE, ZIP	8500 S.W. 92 STREET
19. NAME	MIAMI FL

Name, Title, and Mailing Address of Each Officer

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten signature and date: 5-27-97

500002204115  
-06/06/97--01048--014  
\*\*\*165.00

SIGNATURE:

Handwritten signature of Stanley L. Zakarin

4/24/97

305-271-0861