

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

**PROFIT CORPORATION*
ANNUAL REPORT
1996**



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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # 614546 (0)

1. Corporation Name

DR. V.M. GARCIA, D.M.D. AND DR. J. A. CARRENO, D.D.S., P.A.

Principal Place of Business

Mailing Address

**ENO. D.D.S., P.A.
10688 SW CORAL WAY
MIAMI FL 33165**

**ENO. D.D.S., P.A.
10688 SW CORAL WAY
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTINEZ, JOSE M.
10688 SW CORAL WAY
MIAMI FL 33165**

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 607.0502 and 607.1504, 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETED
NAME	GARCIA, DR VICTOR	
STREET ADDRESS	1110 SW 95 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	[] DELETED
NAME	CARRENO, DR JOSE A.	
STREET ADDRESS	13241 SW 46 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	[] Change [] Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	[] Change [] Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	[] Change [] Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	[] Change [] Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	[] Change [] Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	[] Change [] Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. The report is filed in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Santon 3/27/96

CR2E034 (12/95)