


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90151 050 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 662339**

1. Corporation Name  
**ALBERT V. PINTO DENTAL STUDIO, INC.**

Principal Place of Business  
**610 S. DIXIE HWY.  
HALLANDALE FL 33009**

Mailing Address  
**P.O. BOX 630068  
MIAMI FL 33163**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6838 Dawson St</b>		26 <b>1501 S Ocean Dr</b>		05/05/1980	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>Hollywood FL</b>		28 <b>Hollywood FL</b>		59-1999450	
24 <b>33023</b>		29 <b>33019-2319</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 <b>USA</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LEOPOLD, NORMAN</b> <b>16666 N.E. 19TH AVENUE, S-114</b> <b>N MIAMI BEACH FL 33162</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box: Number is Not Acceptable)	
				83	
84 City		85 Zip Code			


11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTO, ALBERT V., SR.		1.2 NAME		
STREET ADDRESS	1980 S. OCEAN DRIVE		1.3 STREET ADDRESS	<b>1501 S. OCEAN DR #105</b>	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	<b>Hollywood FL 33019-2319</b>	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTO, MARGARET M.		2.2 NAME		
STREET ADDRESS	1980 S. OCEAN DRIVE		2.3 STREET ADDRESS	<b>1501 S OCEAN DR #105</b>	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	<b>Hollywood FL 33019-2319</b>	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTO, KEVIN F.		3.2 NAME		
STREET ADDRESS	1980 S. OCEAN DRIVE		3.3 STREET ADDRESS	<b>1501 S OCEAN DR #105</b>	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	<b>Hollywood FL 33019-2319</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 trustee 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 empowered.

**SIGNATURE:**  **ALBERT V. PINTO Pres** 4/23/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)