FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731317 (4)

1. Corporation Name

LATIN AMERICAN DENTAL STUDY CLUB OF FLORIDA, INC

Principal Place of Business	Mailing Address
C/O ARMANDO S. COBELO 1400 S.W. 84TH COURT MIAMI FL 33144	C/O ARMANDO S. COBELO 1400 S.W. 84TH COURT MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1974
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2220081 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COBELO, ARMANDO F.
1400 S.W. 84TH COURT
MIAMI FL 33144

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SALGUEIRO, HEBERTO M D.M.D.	1.2 NAME	OSVALDO J. BAJUELO, D.D.S.	
STREET ADDRESS	7171 CORAL WAY, SUITE #217	1.3 STREET ADDRESS	8000 W. FLAGLER ST. #204	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DOMINGUEZ, ORLANDO D	2.2 NAME	RAFAEL SIMMONS, D.D.S	
STREET ADDRESS	9280 S.W. 150TH AVENUE, SUITE #104	2.3 STREET ADDRESS	742 W. 49 ST.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CENTURION, JORGE R D.D.S.	3.2 NAME	ORLANDO DOMINGUEZ, DDS	
STREET ADDRESS	8861 S.W. 69TH COURT	3.3 STREET ADDRESS	9280 HAMMOCK BLVD. #104	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33196-1349	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SANCHEZ, CARLOS D	4.2 NAME	ANGEL DIAZ-NORMAN, DDS	
STREET ADDRESS	7000 WEST FLAGLER STREET	4.3 STREET ADDRESS	9100 CORAL WAY #2	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33165	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-17-95 (305)260-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OSVALDO J. BAJUELO, DDS

73137

_x_ CHANGES (ALL)

PD
OSVALDO J. BAJUELO, DDS
8000 W. FLAGLER ST. #204
MIAMI, FLORIDA 33144

SD
RAFAEL SIMBACO, DDS
742 W. 49th. St.
HIALEAH, FLORIDA 33012

TD
ORLANDO DOMINGUEZ, DDS
9280 HAMMOCK BLVD. #104
MIAMI, FLORIDA 33196-1349

VD
ANGEL DIAZ-NORRMAN, DDS
9100 CORAL WAY #2
MIAMI, FLORIDA 33165

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