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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 731317

(4)

LATIN AMERICAN DENTAL STUDY CLUB OF FLORIDA, INC

Principal Place o	of Business	Mailing Address				
Principal Place of Business C/O ARMANDO S. COBELO 1400 S.W. B4TH COURT MIAMI FL 33144 2. Principal Place of Business		C/O ARMANDO S. COBELO 1400 S.W. B4TH COURT MIAMI FL 33144				
				3. Date Incorporated or Qualified 11/18/1974	3a. Date of Last Report 04/24/1995	
		2a. Mailing Address 26			4. FEI Number Applied I 59-2220081 Not App	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	
24	25	29	30		Florida Statutes 10. Name and Address of New F	Yes No
	9. Name and Address of Current	Registered Agent		B1 Name	10. Name and Address of New I	registered Agent
			}'	1		
	ARMANDO F. . 84TH COURT	82 Street 83		Street /	at Address (P.O. Box Number is Not Acceptable)	
MIAMI FL				83		
			ŀ	84 City		FL 85 Zip Code
11. Pursuant to or registere familiar with						
familiar wit	h, and accept the obligations of, Section Annual Accept the obligations of Section Signature, types or printed name of registered agent a	nd tite Capplicable (N		Agent signature r	required when reinstating) ADDITIONS 'ChIANGES TO OF	DATE FIGERS AND DIRECTORS IN 12
familiar with SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	nd title (applicable) (N	13.		ADDITIONS CHANGES TO OF	ICERS AND DIRECTORS IN 12
familiar with SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	nd tite Capplicable (N	13.	LE	ADDITIONS CHANGES TO OF	ICERS AND DIRECTORS IN 12
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SIGNATURE:

THE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22.96

(305)551272

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