

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731317 (4)

1. Corporation Name

LATIN AMERICAN DENTAL STUDY CLUB OF FLORIDA, INC



Principal Place of Business

C/O ARMANDO S. COBELO
1400 S.W. 84TH COURT
MIAMI FL 33144

Mailing Address

C/O ARMANDO S. COBELO
1400 S.W. 84TH COURT
MIAMI FL 33144

3. Date Incorporated or Qualified
11/18/1974

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BAJUELO, OSVALDO J. D.D.
STREET ADDRESS 8000 W. FLAGLER ST. #204
CITY - ST - ZIP MIAMI FL ☒ DELETE

TITLE SD
NAME SIMBACO, RAFAEL D.D.S.
STREET ADDRESS 742 W. 49TH ST
CITY - ST - ZIP HIALEAH FL ☒ DELETE

TITLE TD
NAME DOMINGUEZ, ORLANDO D.D.S.
STREET ADDRESS 9280 HAMMOCK BLVD #104
CITY - ST - ZIP MIAMI FL ☒ DELETE

TITLE VD
NAME DIAZ-NORRMAN, ANGEL D.D.S.
STREET ADDRESS 9100 CORAL WAY #2
CITY - ST - ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME BERNARDO A. VILLELA DDS, MS.
13 STREET ADDRESS 5500 W. Flagler St. #108A MIA, FL 33144
14 CITY - ST - ZIP ☒ Change ☐ Addition

21 TITLE president Elect
22 NAME RAFAEL Simbaco DDS.
23 STREET ADDRESS 742 W. 49th. Hialeah, FL 33012
24 CITY - ST - ZIP ☒ Change ☐ Addition

31 TITLE Treasurer
32 NAME Elio Cardenas DDS.
33 STREET ADDRESS 6791 W. Flagler St. Miami, FL 33144
34 CITY - ST - ZIP ☒ Change ☐ Addition

41 TITLE Director
42 NAME orlando Dominguez
43 STREET ADDRESS 9280 HAMMOCK BLVD #104 MIA. FL 33196
44 CITY - ST - ZIP ☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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:

BERNARDO A. VILLELA

5-22-96

(305) 551-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)