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

Fee 70.00

FILED
95 JUL 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755185** **(6)**

1. Corporation Name

AMERICAN BROTHERHOOD OF LATIN AMERICAN DENTISTS, INC. (CHELO)

Principal Place of Business	Mailing Address
P O BOX 454335 MIAMI FL 33245-1335	P O BOX 454335 MIAMI FL 33245-1335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: ~~59-2338604~~ 65-0146194 (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 files 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

SABATES, CESAR R DDS
747 PONCE DE LEON
STE. #609
CORAL GABLES FL 33134

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	11 TITLE	☐ Change ☐ Addition
NAME	SABATES, CESSAR R	12 NAME	900001550699
STREET ADDRESS	747 PONCE DE LEON #609	13 STREET ADDRESS	-08/01/95--01071--005
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	AVILA, ROBERTO	22 NAME	
STREET ADDRESS	7600 RED RD., #114	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	MURALES, ESTHER G	32 NAME	MORALES, ESTHER G.
STREET ADDRESS	434 S.W. 12TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	GONO, JOSE R	42 NAME	GENO, JOSE R.
STREET ADDRESS	2200 S.W. 16ST #202	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	NAVARRO, JAIME	52 NAME	
STREET ADDRESS	11880 BIRD RD.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRESPO, JORGE	62 NAME	
STREET ADDRESS	1300 CAROL WAY	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	64 CITY-ST-ZIP	RC

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: _____ 6/8/95 305-553-9548
(BY NAME TYPED OR PRINTED OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

JOSE R. GENO - TREASURER

0072004