FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09956** **(6)**

1. Corporation Name
HEMISPHERE DENTAL CERAMIC, INC.

Principal Place of Business	Mailing Address
1460 NW 107TH AVE STE G MIAMI FL 33172 US	1460 NW 107TH STE G MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **59-2042176** ☐ 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. Has corporation assets/liability for intangible tax under S. 199.023 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUIAR, TOMAS
227 ANTIQUERA ST #301
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: AGUIAR, TOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 13837 SW 38th Street
83
84 City: MIAMI **FL** 85 Zip Code: 33172

11. Pursuant to the provisions of Section(s) 607.340(2) and/or 1506 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. Said 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(s) 607.340(2) Florida Statutes.

SIGNATURE: X Tomas Aguiar 05-05-95

12. OFFICERS AND/OR DIRECTORS

TYPE: PD
NAME: AGUIAR, TOMAS
STREET ADDRESS: 227 ANTIQUERA ST #301
CITY-ST-ZIP: CORAL GABLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (IF ANY)

TYPE: PD ☒ Change ☐ Addition
NAME: AGUIAR TOMAS
STREET ADDRESS: 13837 SW 38th Street
CITY-ST-ZIP: Miami, Fl. 33172

14. I/We hereby certify that the information supplied with this report is accurate 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 607, Florida Statutes; and that my name appears in Block 1, 2 or 13 if changed, or on an attachment with an address.

SIGNATURE: Tomas Aguiar 05-05-95 (305) 715-9985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105033 CP