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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

DOCUMENT # F20738 (3) 1. Corporation Name PRO-ART DENTAL LAB, INC. Ricewal Place of Business Mailing Address								
rincipal Place of Business 101 SUNSET DR STE 111 IAMI FL 33143-4529 S		6701 SUNSET DE	Mailing Address 6701 SUNSET OR STE 111 MIAMI FL 33143-4529 US					
					3. Date Incorporated or Qualified 02/20/1981		te of Last I 20/1996	Report
. Principal P	iace of Business	2a. Mailing Addr	ress		4, FEI Number 59-2035579	. J		pplied For
Suite, Apt.	#. elc.	26 Suite, Apt. #.	. etc.					lot Applicable Additional
}		27			5. Certificate of Status Desired			Required
City & State	е	City & State			8. Election Campaign Financing	——————————————————————————————————————) May Be
<u> </u> Zip	Country	28		Country	Trust Fund Contribution			to Fees
]	25	29		30	8. This corporation has liability for in Florida Statutes	intangible]Yes [s. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered A	\gent	
	TORO, MARINA			a 81 Name				
	1 SUNSET DR, SUITE 111			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	******************	
MIAI	MI FL 33143-4529			83				
						 	71-21-5-	
				84 City		FL	85 Zip	Code
	Signature tracerites executed earnered presentational							
	OFFICERS A	agent and trie if applicable AND DIRECTORS		Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND		
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14. I do hereby certify that the information supplied with this filing 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 it 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 12 or Block 37 charteet, or on an attrichment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Daytime Phone #