

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F23158** (1)

1. Corporation Name  
**G.J. TECH DENTAL LAB, INC.**



Principal Place of Business: **1180 N W 8TH STREET MIAMI FL 33136**  
Mailing Address: **1180 N W 8TH STREET MIAMI FL 33136**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/19/1981**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-2075005**  
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  
**SANTANA, RAFAEL  
1800 S.W. 1 STREET, SUITE 312  
MIAMI FL 33135**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTS</b>	<input type="checkbox"/> DELETE
NAME	<b>FUENTES, GERARDO</b>	
STREET ADDRESS	<b>2155 SW 25TH TERR</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FUENTES, GERARDO</del>	
STREET ADDRESS	<del>2155 SW 25TH TERR</del>	
CITY-STATE-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PTS/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 registered or bonded employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changes, or on an attachment with an address.

SIGNATURE: **X Gerardo Fuentes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/16/96 (305) 324-4393**

CR2E034 (12/95)