FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F23158 1. Corporation Name

G.J. TECH DENTAL LAB, INC.

Principal Place of Business		Ma	Mailing Address				(+041(40 ((10)(454 (114) (144) (144) 4)(45)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1180 N W 8TH STREET MIAMI FL 33136			1180 N W 8TH STREET				·			
MIAMI FL 33136		MIA	MIAMI FL 33136				DO NOT WRITE IN	THIS SBACE		
							3. Date Incorporated or Qualifed	I FIIS SPACE		
							02/19/1981			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number	I A	pplied For	
21							59-2075005		lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional	
22							5. Certificate of Status Desired	Fee F	Required	
City & State			City & State				6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country		Zip	Coun	try		8. This corporation owes the current year		4	
24	25 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax.			
	9. Name and Address of Currer	nt Regis	tered Agent		31 Na	me	10. Name and Address of New Registi	sred Agent		
SAN	TANA, RAFAEL			Ľ						
1800 S.W. 1 STREET , SUITE 312			1	32 Str	Street Address (P.O. Box Number is Not Acceptable)					
	MI FL 33135				33		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 189 sign 5 5	4127 Stud (11)	
							经验证据证据			
					34 Cit	/		FI 85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050)2 and 6	07.1508. Florida Statute	s, the ab	ove-nan	ned corpo	oration submits this statement for the purpos	se of changing it	s registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florid	la. Such change was au	thorized I	by the c	orporation	n's board of directors. I hereby accept the a	ppointment as r	egistered	
J	im lamiliar with, and accept the obliga	auons oi,	Section 607.0505, Flori	ua Statut	es.		·			
SIGNATURE	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOTE:	Registered A	gent signa	ture required	when reinstating), DAT	E		
12.	OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PTSD		☐ DELETE	1.1 TITL	E		AND DIE	☐ Change	☐ Addition	
NAME	FUENTES, GERARDO			1.2 NAM	Æ			* *		
STREET ADDRESS	2155 SW 25TH TERR			1.3 STR	EET ADOR	ESS				
CITY-ST-ZIP	MIAMI, FL 00000				-ST-ZIP		4404/9404			
TITLE			☐ DELETE	2.1 TITL				Change	☐ Addition	
NAME				2.2 NAW	_		٠.			
STREET ADDRESS					EET ADDR	ESS				
CITY-ST-ZIP			☐ DELETE		Y-ST-ZIP			☐ Change	☐ Addition	
TITLE .			□ Dece≀e	3.1 TITL					Addition	
NAME .,.	· .			3.2 NAM						
STREET ADDRESS					EET ADDR	ESS				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITL	(∙ST-ZIP				Addition	
NAME				4. 2 NAM						
t					AIE EET ADDR	- QQ			,	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		• .			
TITLE			☐ DELETE	5.1 TITL		 		☐ Change	☐ Addition	
NAME			<u></u>	5.2 NAM			ting at the		_	
STREET ADDRESS				5.3 STR	EET ADOR	ESS				
CITY-ST-ZIP	• •			5.4 CITY	-ST-ZIP					
							<u> </u>			

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

☐ DELETE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90067 034 ***158.75

☐ Change · ☐ Addition