

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90043 029 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003866**

1. Corporation Name  
**DENTAL SERVICES OF AMERICA, INC.**



Principal Place of Business  
 2260 SW 8TH ST  
 MIAMI FL 33135

Mailing Address  
 2260 SW 8TH ST  
 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	
	07/08/1998	
4.	FEI Number	Applied For
	59-2754843	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.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SUAREZ, MARIA C**  
 2260 SW 8TH ST  
 MIAMI FL 33135

10. Name and Address of New Registered Agent

81	Name	<b>JOSE M. GARCIA</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>2260 S.W. 8TH ST.</b>	
83			
84	City	<b>Miami</b>	85 Zip Code <b>33135</b>

11. Pursuant to the provisions of Sections 607.0802 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 JOSE M. GARCIA DATE 1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, LUIS	1.2 NAME	
STREET ADDRESS	3640 SW 129TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLD, ROBERT	2.2 NAME	
STREET ADDRESS	4 GILDER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARCHMONT NY 10504	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MARIA C	3.2 NAME	<b>Secretary</b>
STREET ADDRESS	6122 NW 181 TERR CIR W	3.3 STREET ADDRESS	<b>JOSE M. GARCIA</b>
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	<b>2260 SW 8TH ST.</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, ROGER	4.2 NAME	
STREET ADDRESS	2260 SW 8TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, RONALDO	5.2 NAME	<b>Treasurer</b>
STREET ADDRESS	2260 SW 8TH ST	5.3 STREET ADDRESS	<b>RAMIRO CASANAS</b>
CITY-ST-ZIP	MIAMI FL 33135	5.4 CITY-ST-ZIP	<b>2260 SW 8TH ST.</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Director</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>GERARDO A. MECUZE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>2260 SW 8TH ST.</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE Ramiro Casanas DATE 1/15/99 DAYTIME PHONE # (305) 642-9090

CR2E034 (1/98)