

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G95133** (6)

1. Corporation Name

D & C DENTAL LABORATORIES, INC.



Principal Place of Business

Mailing Address

**2500 E. HALLANDALE BCH. BLVD. STE. #730
2518 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

**2500 E. HALLANDALE BCH. BLVD. STE. #730
2518 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

03/30/1984

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

4. FET Number

59-2388124

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMINGUEZ, CELSO
2500 E. HALLANDALE BCH., BLVD. STE. #703
HALLANDALE FL 33009-1817**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature typed or printed name of registered agent or officer/director

Printed Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
DOMINGUEZ, CELSO
2500 E HALLANDALE #703
HALLANDALE FL**

TITLE ☐ DELETE

**ST
DOMINGUEZ, DIMAS
2500 E HALLANDALE #703
HALLANDALE FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65 CITY-ST-ZIP

**100001896141
-07/17/96--01028--001
***25.00**

**500001896145
-07/17/96--01028--002
***200.00**

Handwritten signature: JN

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 119.07(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 recorder 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature: Celso Dominguez
Celso Dominguez

6-13-96 456-0081

CR2E034 (12/95)