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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	(Great Seal of the State of Florida)	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G95133** **(6)**

1. Corporation Name

D & C DENTAL LABORATORIES, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1984

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-2388124**	Not Applicable
Suite, Apt. #, etc. 22	**Suite, Apt. #, etc.** 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	**City & State** 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	**Country** 25	**Zip** 29	**Country** 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME **DOMINGUEZ, CELSO**	1.2 NAME
STREET ADDRESS **2500 E HALLANDALE #703**	1.3 STREET ADDRESS
CITY-ST-ZIP **HALLANDALE FL**	1.4 CITY-ST-ZIP
TITLE **ST** ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME **DOMINGUEZ, DIMAS**	2.2 NAME
STREET ADDRESS **2500 E HALLANDALE #703**	2.3 STREET ADDRESS
CITY-ST-ZIP **HALLANDALE FL**	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

CR2E034 (10/97)

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.

SIGNATURE _____