

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H61653** (2)

1. Corporation Name

DIXIE DENTAL SUPPLY, INC.

Principal Place of Business

**2322 SW 9TH ST
MIAMI FL 33135**

Mailing Address

**3000 NW 75 STREET
MIAMI FL 33135**



2. Principal Place of Business

2a. Mailing Address

21 **3000 NW 75 STREET**

26 **2322 SW 9 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI FLORIDA**

28 **MIAMI FLORIDA**

Zip

Zip

24 **33147**

25 **U.S.A.**

29 **33135**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1985

3a. Date of Last Report

10/30/1995

4. FEI Number

59-2719067

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

10. Name and Address of New Registered Agent

**CINTAS, MARTHA
464 EAST 63 STREET
HIALEAH FL 33013**

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 607.0605, Florida Statutes.

SIGNATURE

Martha Cintas

Signature of New Registered Agent (Print Name)

6-21-96

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CINTAS, GUILLERMO, SR.**
CITY - ST - ZIP **2322 SW 9TH STREET
HIALEAH FL 33135**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CINTAS, MARTHA**
CITY - ST - ZIP **464 EAST 63 STREET
HIALEAH FL 33013**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY - ST - ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY - ST - ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY - ST - ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY - ST - ZIP

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 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:

Martha Cintas

MARTHA CINTAS

6-21-96

(305) 835-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)