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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

100305

FIX-A-DENT, INC.

VI⊏INI # ⊩Name	122390	
MT INC		

(4)

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May 02 1997 8:00am
Secretary of State



Principal Place of Busin		LA-III- Add-I	 			illin faint ass i	BPBIK GIBIL BIBIL BIBI	WHE WINTER
% M. AMPARO AZTIAZA		Mailing Address M. AMPARO AZTIAZAI	RAIN					. ********
5084 N.E. 12 AVE.		5084 N.E. 12 AVE.						
FT. LARDERDALE FL 3X	334	FT. LARDERDALE FL 333	134-4917		3. Date Incorporated or 07/03/1986	Qualified	3a. Date of La 09/05/19	
(2.) inncipal Place of Bu		2a. Mailing Address			4. FEI Number			Applied For
9380 NW 18 Drive		26 P. O. Box 17410		59-2694038			Not Applica	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status I	Desired	, , , , , , , , , , , , , , , , , , , ,	75 Additional e Required
City & State	•••	City & State			6. Election Campaign Fi	•		.00 May Be
Plantation,	·····	28 Ft. Lauderda		untry	Trust Fund Contribution			ded to Fees
Zip 24 33322	Country 25 USA	Zip 29 33318-7410		SA	This corporation has Florida Statutes		itangible tax und Yes ☐ No	der s. 199.032,
	ne and Address of Current F		130 U	SA.	10. Name and Address			
AZTIAZARAI	N, M. AMPARO			81 Name				
5084 N.E. 1	-			82 Street	Address (D.O. Roy Number is No	d Acceptable	٠,	
OAKLAND P	ARK FL 33334			9380	Address (P.O. Box Number is No NW 18 Drive	i vecebrani	0,	
				63				<u> </u>
				84 City	···		85	Zip Code
				Pla	ntation		- FIL 1 13	13322
Pursuant to the pro	visions of Sections 607.0502	and 607 1508, Florida Statu	ites, the a	bove-name	corporation submits this stateme	ent for the pu	rpose of chang	ing its register
office or registered agent. I am familiar	agent, or both, in the State of with, and accept on obligati	r Florida. Such change was ons of, Section 607,0505, F	authorize Iorida Sta	id by the co itutes.	corporation submits this statement poration's board of directors, I he	ereby accept	t the appointme	nt as registered
	///////////////////////////////////////				* , .			
Signature, ly	ped or profiled name of registered green:	and title if applicable. (NC	TE Registere	d Agent signatur	e required when reinstating)		DATE	
2.	ØPFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICE		
IIILE POT		☐ DELETE	1.1 T	ITLE			☐ Cha	inge 🔲 Addit
	ZARAIN, MARIA A.		1.2 N	IAME				
Oliver Children Co.	NORTHEAST 12 AVENUE		1.3 \$	TREET ADDRESS	9380 NW 18 Drive			
	4 1 40 D 4 60 4 E1					. ~ ~		
(III) (XI ZI)	AND PARK FL		1.4 0	HTY-ST-ZIP	Plantation, FL 333	322		
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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.