

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J42819**

(9)

1. Corporation Name

JALTDENT ENTERPRISES INC.

Principal Place of Business

**5549 N SR 7
FT LAUDERDALE FL 33319-2923
US**

Mailing Address

**5549 N SR 7
FT LAUDERDALE FL 33319-2923
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

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Zip

Country

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Zip

Country

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30

9. Name and Address of Current Registered Agent

**TORRES, JOSE ALDEMAR
3511 NW 35TH WAY
FT LAUDERDALE FL 33309**

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 607.0902 and 607.1506, 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 Sections 607.0905, Florida Statutes.

SIGNATURE

Signed by the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Signed by the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DP
TORRES, JOSE ALDEMAR
3511 NW 35TH WAY
FT. LAUDERDALE FL
DV
TORRES, JOSE DAVID
3511 NW 35TH WAY
FT. LAUDERDALE FL**

☐ DELETE

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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
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18. NAME
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53. TITLE
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57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 business empowered to prepare 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 alternate page with a reference.

SIGNATURE:

Jose A. Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(954) 730-3372

CR2E034 (12/95)