## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sinte

DOCUMENT # J91590

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## PAN AMERICAN IMPLANT ASSOCIATION, INC. Principal Place of Business Mailing Address 5591 COTE DES NIEGES RD WHAVERUE 3505 S.Ocean Da Hollywood Beach QUEBEC, CANADA Florida 33019 3. Date Incorporated or Qualified 3a. Date of Last Floport 09/10/1987 05/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASTRO, JOSE E ESQ 218 ALMERIA AVE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and too if applicable OFFICERS AND DIRECTORS (96/6)12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE KWITKO 1.1 TITLE KWITEO, MARVIN L NAME 1.2 NAME CR2E034 5591 COTE DES NEIGES RD STREET ADDRESS 13 STREET ADDRESS QUEBEC, CANADA CITY-ST-ZIP 1.4 O(TV - ST - 7)P DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1111116 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- \$1 - 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 ☐ Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME

4. Ido 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 in changed, on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

G 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE ;

ICHATOLIN LA COLINO

DELFTE

Mown L. Kwitke

Change

Addition

FILED

Apr 29 1997 8:00am

Secretary of State