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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K98906** (6)

1. Corporation Name
RAFAEL J. VALDES, D.D.S., P.A.

Principal Place of Business Mailing Address
% RAFAEL J. VALDES **% RAFAEL J. VALDES**
10543 SW 109 CT **10543 SW 109 CT**
MIAMI FL 33176 **MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1989		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0128811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing To set Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number			
21				26				65-0128811			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			
22				27				<input type="checkbox"/> \$8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing			
23				28				To set Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip		Country		Zip		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30					

9. Name and Address of Current Registered Agent
VALDES, RAFAEL J.
12471 SW 99 ST
MIAMI FL 33186

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	PD	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	VALDES, RAFAEL J.	11.2 NAME	
11.3 STREET ADDRESS	10543 SW 109 CT	11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	MIAMI FL	11.4 CITY, ST, ZIP	
11.5 TITLE		11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME		11.6 NAME	
11.7 STREET ADDRESS		11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP		11.8 CITY, ST, ZIP	
11.9 TITLE		11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		11.10 NAME	
11.11 STREET ADDRESS		11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP		11.12 CITY, ST, ZIP	
11.13 TITLE		11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP		11.16 CITY, ST, ZIP	
11.17 TITLE		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP		11.20 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE: _____ (Date) **4/20/95**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____