

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:58

DOCUMENT # L90506

(1)

1. Corporation Name

ALINA CASTELLANOS, D.D.S., P.A.

Principal Place of Business

C/O FREDERICK B GOMER & ASSOC. INC
10025 SUNSET STRIP
SUNRISE FL 33322

Mailing Address

C/O FREDERICK B GOMER & ASSOC. INC
10025 SUNSET STRIP
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1990

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0208027

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

2. Principal Place of Business

21 3301 NW 97th Ter

2a. Mailing Address

26 3301 NW 97th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise, FL

City & State

27 Sunrise, FL

Zip

24 33351

County

25 Broward

Zip

29 33351

County

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELLANOS, ALINA
15529 MIAMI LAKEWAY NORTH
SUITE 207
MIAMI LAKES FL 33014

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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the Corporation)

Signature of Registered Agent (Signature required after incorporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	CASTELLANOS, PORTER A
STREET ADDRESS	15529 MIAMI LAKEWAY N.
CITY, ST, ZIP	MIAMI LAKES FL
TITLE	D
NAME	CASTELLANOS, PORTER A
STREET ADDRESS	15529 MIAMI LAKEWAY N.
CITY, ST, ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.2 STREET ADDRESS	
2.2 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.2 STREET ADDRESS	
3.2 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.2 STREET ADDRESS	
4.2 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.2 STREET ADDRESS	
5.2 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.2 STREET ADDRESS	
6.2 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 139.07(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. 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/95

(305)
556-6291