05/01/1998 13:22 3056684489

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L96348 (2)

1. Corporation Name
SUNSHINE DENTAL CERAMICS, INC.

[redacted]

Principal Place of Business	Mailing Address
14115 S. DIXIE HWY. SUITE L MIAMI FL 33157-6817	14115 S. DIXIE HWY. SUITE L MIAMI FL 33157-6817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1990

2. Principal Place of Business	2a. Mailing Address
21	25
Suite Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 26	Zip / Country 29 / 30

4. FEI Number: 65-0214877 — Applie / Not Ap

5. Certificate of Status Desired ☐ — $8.75 Addl Fee Requi

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Ma Added to F

8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30 ☒ Yes ☐ N

9. Name and Address of Current Registered Agent

LOMAX, MICHAEL
14115 S DIXIE HWY
SUITE L
MIAMI FL 33157

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 Zip Cod

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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMAX, MICHAEL C 14115 S DIXIE HWY MIAMI FL 33157	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change

700002540557
-05/29/98--01036--012
***150.00

14. I 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 info 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 a 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 appea Block 12 or Block 13 if changed, or on an attachment with an address.

5-198

Daytime Phone # 0

305 2551880