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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90016 009 ***150.00

DOCUMENT # M59747 1, Corporation Name

HORTEN	SIA B. GUMEZ, D.D.S., P.I	Α.							
Principal Place	e of Business	Mailing Address		-		1 18010011 (B) 8(11\$ (\$11) 10011		#16:1 A1811 81811 1	
C/O HORTENSI		HORTENSIA.B GOMEZ							
11960 S.W. 8 ST. 11944 SW 8TH ST									
		MIAMI FL 33184-633	FL 33184-633			DO NOT WRITE IN THIS SPACE			
		US			3	Date Incorporated or Qualife	a		
						09/25/1987			ndied For
2. Principal Pl	lace of Business	2a. Mailing Address			4	FEI Number			oplied For ot Applicable
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Suite, Apt.	#, etc	Suite, Apt. #, etc.	-		5	Certifcate of Status Desired			equired
22 Site & State		City & State				Floation Compaign Figurein			May Be
City & State	e	⊢ '			6	 Election Campaign Financin Trust Fund Contribution 	a 🗅	•	to Fees
23 Zip	Country	28	Country	_		This corporation owes the co	rrent year Ir		
Zip	25	— · -	30) •	Personal Property Tax.	attern your n	Yes	□No
24	9. Name and Address of Curre		1	_	10). Name and Address of Nev	Registered	Agent	
	9. Name and Address VI Conc	it hegistered rigerit	81	Name					
GOM	IEZ, HORTENSIA B.			ļ			4.11-1		
	0 S.W. 8 ST.		82	Street A	Address ((P.O. Box Number is Not Acce	ptable)		
	AI FL 33184		83	 					
				_					
			84	City			FI	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was au	thorized by	tne corpo	corporation's t	on submits this statement for the board of directors. I hereby account to the submit of the submit o	ne purpose o cept the appo	of changing its pintment as re	registered egistered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by	tne corpo	oration's t	n reinstating)	DATE	Jiminent as to	
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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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-221-5112