


FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N14138** (4)

1. Corporation Name

THE DADE DENTAL STUDY CLUB, INC.

Principal Place of Business

Mailing Address

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI FL 33125

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI FL 33125-3043



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|--|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/02/1986 | | 3a. Date of Last Report 03/11/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0121194 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MADONADO, JACOB D. 525 NW 27 AVENUE MIAMI FL 33125 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 IN 12 | |
|----------------------------|---------------------------|---|-----------------------------------|
| TITLE | SD | 1.1 TITLE | PRESIDENT |
| NAME | MALDONADO, JACOB D | 1.2 NAME | HENRY ROZEN, D.M.D. |
| STREET ADDRESS | 525 NW 27 AVE. | 1.3 STREET ADDRESS | 1800 W W 9 ST, HIALEAH, FL |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | |
| NAME | INTERIAN, CARLOS | 2.2 NAME | |
| STREET ADDRESS | 951 SW 42 AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | |
| NAME | ENRIQUE, BLONDET | 3.2 NAME | |
| STREET ADDRESS | 525 NW 27 AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33125 | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | PD |
| NAME | DOMINQUEZ, ORLANDO | 4.2 NAME | |
| STREET ADDRESS | 9280 S.W. 150 AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33196 | 4.4 CITY-ST-ZIP | |
| TITLE | PD | 5.1 TITLE | PD |
| NAME | BLANCO, JORGE R. DDS | 5.2 NAME | |
| STREET ADDRESS | 7400 N KENDAL DR, STE 606 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (305) 642-0450
Date Daytime Phone # 0028320

CR2E037 (9/96)