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Feb 11 1997 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B_e,Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT #
1. Corporation Name (6) WEST DADE DENTAL SOCIETY, INC. Principal Place of Business Mailing_Address C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 30186 C/O FIRPO H. GARCIA 19020 SW 88 TERRACE MIAMI FL 183196 3a. Date of Last Report 03/19/1996 3. Date Incorporated or Qualified 12/30/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0100640 DR. Francisco M. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, e \$8.75 Additional 5. Certificate of Status Desired U880 Bind Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRANDA, FRANCISCO M Street Address (P.O. Box Number is Not Acceptable) 11880 BIRD ROAD 83 SUITE 3030 303 Suite **MIAMI FL 33175** City 85 Zip Code FL Pursuant to the provisions of Sections \$17.0502 and \$17.1508, 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 objection 617.0503, Florida Statutes. 11. Pursuant to the provisions of Sections SIGNATURE (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. P Past President Past President Change DELETE Addition TITLE 1.1 TITLE Sabates Cesar K 747, Ponge De Leon HUD Cesar SABATES, CESAR R 1.2 NAME NAME *23.6 747 PONCE DE LEON BLVD. #23-B 1.3 STREET ADDRESS STREET ADDRESS aval Aables CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE President Change Addition V- - President 2.1 TITLE TITLE Ray MOLINA, RAUL G NAME 2.2 NAME IUI SW YOM ST STREET ADDRESS 10141 SW 40TH ST 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 2.4 CITY - ST - ZIP Change ■ Addition Vice - President DELETE Vice President TITLE 3.1 TITLE GRANDA, FRANCISCO M Gianga Figurisas M NAME 3.2 NAME 11880 Mich L& # 303 11880 BIRD ROAD #303 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** ダダバノマ CITY-ST-ZIP 3.4. CITY-ST-ZIP President DELETE ✓ Change Addition 4.1 DITLE TITLE elect President SANCHEZ, CARLOS A 4. 2 NAME NAME COULOS Souther 7690 W FLAGLER ST STREET ADDRESS 4.3 STREET ADDRESS 690 W. Flagler ST MIAMI FL 33144 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE Doube Jordin J NOVOA, JOAQUIN J NAME 5.2 NAME 5730 SW 74th Terr **5730 SW 74TH TERR** 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33143 KHICE 13 invails CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE treasu een treasurer Mernardo VILLELA, BERNARDO MUF 6.2 NAME مازاادات د 8500 W. FLAGLER ST. #A-108 8500 W. Flagler ST HIMMI FI 33144 STREET ADDRESS 1. I do hereby certify that the information supplied with this fling 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 regeliger it rustge empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an appropriate of the corporation of the co 6.3 STREET ADDRESS

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