

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 FEB 16 AM 11:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N31509 (5)**

1. Corporation Name  
**LATIN AMERICAN ACADEMY OF OSEONTEGRATED DENTAL  
IMPLANTS (L.A.O.D.) INC.**

Principal Place of Business Mailing Address  
**C/O CESAR L. SABATES  
1870 CORAL WAY  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1989** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **65-0109569** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

**SABATES, CESAR L.  
1870 CORAL WAY  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SABATES, CESAR L.
STREET ADDRESS	1870 CORAL WAY
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	RODRIGUEZ, ZOE E.
STREET ADDRESS	1250 SW 27TH AVENUE #208
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	GONZALEZ, BEYNOL
STREET ADDRESS	9240 SUNSET DR., #115
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	ERRO, PEDRO
STREET ADDRESS	8100 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DDP PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RODRIGUEZ, ZOE E. D.B.S.	
13 STREET ADDRESS	1250 S.W. 27TH AVE. #208	
14 CITY - ST - ZIP		
21 TITLE	DDV VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SABATES, CESAR L. D.B.S.	
23 STREET ADDRESS	747 PONCE DE LEON BLVD SUITE 609	
24 CITY - ST - ZIP	CORAL GABLES FLA 33134	
31 TITLE	DD SD SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELA IGLESIA, MARTHA E D.M.D.	
33 STREET ADDRESS	9240 SUNSET DR #115	
34 CITY - ST - ZIP	MIAMI FLA 33173	
41 TITLE	DD SD TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CABERO, ENRIQUE D.B.S.	
43 STREET ADDRESS	7921 S.W. 40 CT. SUITE 45	
44 CITY - ST - ZIP	MIAMI FLA 33155	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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]*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ZOE E. RODRIGUEZ D.B.S.**

Date: **1-20-95** Designation: **D.B.S.**