

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31509 (5)**

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

Principal Place of Business: **C/O CESAR L. SABATES 1870 CONAL WAY MIAMI, Florida 33145**
Mailing Address: **C/O CESAR L. SABATES 1870 CONAL WAY MIAMI FL 33145**

3. Date incorporated or Qualified: **04/04/89**
3a. Date of Last Report: **02/16/95**
4. FEI Number: **65-0109569**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**SABATES, CESAR L
1870 CONAL WAY
MIAMI, Florida 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 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: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cesar R. Sabates	1.2 NAME	
STREET ADDRESS	747 Ponce de Leon # 609	1.3 STREET ADDRESS	
CITY - ST - ZIP	CONAL CABLES, Fla. 33134	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA CASTELLANOS JUNQUERA	2.2 NAME	
STREET ADDRESS	11890 SW 8ST # 300	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, Fla. 33184	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGO M. SANCHEZ	3.2 NAME	
STREET ADDRESS	10550 NW 77 CT # 220	3.3 STREET ADDRESS	
CITY - ST - ZIP	HATCH GARDENS, FL. 33016	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A. Helena Jimenez	4.2 NAME	
STREET ADDRESS	13792 SW 8ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, Fla. 33184	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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 119.07(3)(k), 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 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: Cesar Rene Sabates **4/2/96** 305-448-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CESAR RENE SABATES DDS

CR2E037 (12/95)

4-6-96