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NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAL Reve Subatis DOS

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(5) DOCUMENT # 1/3/509

Corporation Name		かしとろんり						
LATIN AMERICAN ACT	ADEMY OF OSEON		~ (2-					
DENTAL IMPLANTS (C	A.O.D. I) INC	<u>.</u>						
Principal Place of Business	Mailing Address							
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CESAR L. SACATES	1870 con							
1870 WAY	Mana F	,	15					
MIRMI, Flanda 33145					3. Date Incorporated or Qualified O4/04/89		Date of Last 22/16/	
2. Principal Place of Business	2a. Ma ing Address	-			4. FEI Number	2	h	pplied For
Suite, Apt. #, etc.	Suite, Apt #, etc				65-0109567			lot Applicable Additional
	27				5. Certificate of Status Desired		•	Required
City & State	C ty & State				6. Election Campaign Financing			May Be
Zip Country	<b>28</b>	Соц	intry.		Trust Fund Contribution			to Fees
25]	29	30	iritry		<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	r intangibli []] Yes		s. 199 032,
9. Name and Address of Curr			T		10. Name and Address of New F			
	-		<b>81</b> Na	me			<del>L</del>	
SABATES, CESAR B			82 Str	eet Addre	ess (P.O. Box Number is Not Accept	abio)		
MIAMI, Floring 33145			83			ab <sup>i</sup> e)		
• • • • • • • • • • • • • • • • • • • •	•		84 Cit	у			85 Zip	Code
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<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the State agent. I am familiar with, and accept the ob-</li> </ol>	ate of Florida. Such change wa	as authorized	d by the	ned corpo corporati	oration submits this statement for the on's board of directors. I hereby acc	purpose of the ap	pointment a	s registered
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