

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 CORAL WAY MIAMI FL 33145	Mailing Address C/O CESAR L. SABATES 1870 CORAL WAY MIAMI FL 33145-2731
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3. Date Incorporated or Qualified 04/04/1989	3a. Date of Last Report 04/06/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0109569 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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
**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 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JUNQUERA, PATRICIA C.	
STREET ADDRESS	11890 SW 8ST #300	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SABATES, CESAR R.	
STREET ADDRESS	747 PONCE DE LEON BLVD. SUITE 609	
CITY-ST-ZIP	CORAL GABLES FL 33136	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, PEDRO M	
STREET ADDRESS	10550 NW 77CT. #220	
CITY-ST-ZIP	HIKAAH GARDENS FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMENEZ, HELENA A	
STREET ADDRESS	13792 SW 8ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CESAR R. SABATES	
1.3 STREET ADDRESS	747 PONCE DE LEON # 609	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	PEDRO M. SANCHEZ VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	10550 NW 77CT. #220	
2.4 CITY-ST-ZIP	HIKAAH GARDENS, FL 33016	
3.1 TITLE	OSVALDO BAYVELO TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2000 W. FLAGLER ST #204	
3.4 CITY-ST-ZIP	MIAMI, FL 33144	
4.1 TITLE	CESAR L. SABATES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1870 Coral Way	
4.4 CITY-ST-ZIP	MIAMI, FL 33164	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: 3/3/97 DAYTIME PHONE #: 305-448-7217

CR2E037 (9/96)