


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90076 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005708

1. Corporation Name

ORAL-MAXILLOFACIAL SURGERY RESIDENTS EDUCATION FUND, INC.

Principal Place of Business

ACCE DEPT OMFS
 1411 NW 12TH AVE
 MIAMI FL 33136
 US

Mailing Address

6000 CHAPMAN FIELD DR
 MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 31-1500892	
22		27		APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

DELUCA, FRANCIS R
100 SE 6TH ST
FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, ROBERT	1.2 NAME	
STREET ADDRESS	6000 CHAPMAN FIELD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, VIRGINIA	2.2 NAME	
STREET ADDRESS	6000 CHAPMAN FIELD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MARCO	3.2 NAME	
STREET ADDRESS	18450 SW 254 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I 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, with all other like empowered.

SIGNATURE:

Signature **RECEIVED**

1/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)