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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000000609 (6)

1. Corporation Name
MANUEL CAPIRO, D.D.S., P.A.



Principal Place of Business: **6710 MAIN STREET STE. 131 MIAMI LAKES FL 33014**

Mailing Address: **6710 MAIN STREET STE. 131 MIAMI LAKES FL 33014-2066**

3. Date Incorporated or Qualified: **01/01/1993**

3a. Date of Last Report: **08/13/1996**

4. FEI Number: **65-0379054**

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

CAPIRO, MANUEL
13973 NW 87TH AVENUE ← OLD ADDRESS
MIAMI LAKES FL 33014

NEW ADDRESS
6710 MAIN STREET
MIAMI LAKES 33014

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. number is not acceptable)

83. **5777 PINETREE DRIVE**

84. City **Miami Beach**

85. Zip Code **FL 33140**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE

2. NAME: **CAPIRO, MANUEL**

3. STREET ADDRESS: **6710 MAIN ST., STE. 131**

4. CITY-ST-ZIP: **MIAMI LAKES FL 33014**

5. TITLE: DELETE

6. NAME:

7. STREET ADDRESS:

8. CITY-ST-ZIP:

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-ST-ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME: **5777 PINETREE DR.**

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP: **Miami Beach, FL 33140**

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone # _____

CR2E034 (9/96)