

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000024254 (3)

1. Corporation Name
LUIS RODRIGUEZ, D.D.S., P.A.



Principal Place of Business: 560 E 49TH ST HIALEAH FL 33013
Mailing Address: 560 E 49TH ST HIALEAH FL 33013

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 01/18/1995
4. FEI Number: 65-0403080
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

g. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS DDS
560 E 49TH ST
HIALEAH FL 33013

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 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: _____ DATE: _____

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. TITLE: [] DELETE
NAME: DPST RODRIGUEZ, LUIS DDS
STREET ADDRESS: 440 W 42ND ST
CITY-ST-ZIP: HIALEAH FL 33012
2. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
3. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
4. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
6. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-ST-ZIP:
5. TITLE: [] Change [] Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: [] Change [] Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: [] Change [] Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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: LUIS RODRIGUEZ

03/14/96 (305) 688-1246
DATE: 03/14/96 TELEPHONE NUMBER: (305) 688-1246

CR2E034 (12/95)