



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 29 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000037468 (4) 1. Corporation Name PALDENT, INC.					
Principal Place of Business 7150 W. 20TH AVE., SUITE 102 HIALEAH FL 33016-9965			Mailing Address 7150 W. 20TH AVE., SUITE 102 HIALEAH FL 33016-9965		
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		3. Date Incorporated or Qualified 05/17/1993 3a. Date of Last Report 05/11/1995 4. FEI Number 65-0424294 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent OSHINSKY, LEONARD 1150 E. HALLANDALE BEACH BLVD SUITE A HALLANDALE FL 33009				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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/1/96 Daytime Phone: 265 5800					

CR2E034 (3/96)