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FILED
Apr 10 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 # P93000057308 (7)
 1. Corporation Name
SOUTH FLORIDA DENTAL LABORATORIES, INC.

Principal Place of Business: **6666 S.W. 115TH COURT APT. 406 MIAMI FL 33173**
 Mailing Address: **6666 S.W. 115TH COURT APT. 406 MIAMI FL 33173-4737**

3. Date Incorporated or Qualified: **08/16/1993** 3a. Date of Last Report: **03/19/1996**

2. Principal Place of Business: **13014-S.W. 120 ST**
 Suite, Apt. #, etc.:
 City & State: **MIAMI - FLORIDA**
 Zip: **33186** Country:
 2a. Mailing Address: **13014-S.W. 120 ST**
 Suite, Apt. #, etc.:
 City & State: **MIAMI - FLORIDA**
 Zip: **33186** Country:

4. FEI Number: **65-0444216** Applied For: Not Applicable
 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

9. Name and Address of Current Registered Agent
CARDET, GEORGE I
330 S.W. 27TH AVENUE
SUITE 603
MIAMI FL 33135

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------------|--|
| TITLE | PSTD | <input checked="" type="checkbox"/> DELETE |
| NAME | KLEIN, CELIA | |
| STREET ADDRESS | 666 S.W. 115TH COURT, APT. 406 | |
| CITY - ST - ZIP | MIAMI FL 33173 | |
| TITLE | PASALGADO | <input type="checkbox"/> DELETE |
| NAME | ASALGADO, AIRO | |
| STREET ADDRESS | 13014 SW 120TH ST | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | SASALGADO | <input type="checkbox"/> DELETE |
| NAME | ASALGADO, MIRTHA | |
| STREET ADDRESS | 13014 SW 120TH ST | |
| CITY - ST - ZIP | MIAMI FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | -Delete- |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **JAN-15-97** DAYTIME PHONE #: **305-266-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)