

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000060734 (9)**

1. Corporation Name

**BIOLASE CORPORATION**

Principal Place of Business

**1780 CORAL WAY  
MIAMI FL 33145**

Mailing Address

**1780 CORAL WAY  
MIAMI FL 33145-2729**

3. Date Incorporated or Qualified  
**08/26/1993**

3a. Date of Last Report  
**02/20/1996**

2. Principal Place of Business

21 **16501 NW 16 CT**

Suite, Apt. #, etc.

22 City & State  
**Miami Fla 33169**

23 Zip Country

24 **33169 USA**

2a. Mailing Address

26 **16501 N.W 16Ct**

Suite, Apt. #, etc.

27 City & State  
**Miami Fla**

28 Zip Country

29 **33169 USA**

4. FEI Number  
**65-0436878**

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

**MARTIN, GLORIA  
1780 CORAL WAY  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

**MARTIN GLORIA E.**

82 Street Address (P.O. Box Number is Not Acceptable)

**16501 NW 16CT**

83 City & State

**Miami Fla 33169**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>SUAREZ, AMANCIO V</b>
STREET ADDRESS	<b>2980 CORAL WAY</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<b>V</b>
NAME	<b>LAFFONT, JAVIER</b>
STREET ADDRESS	<b>1790 CORAL WAY</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>S</b>
NAME	<b>BOLET, JUAN R</b>
STREET ADDRESS	<b>3381 S. MIAMI AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<b>T</b>
NAME	<b>SUAREZ, AMANCIO J</b>
STREET ADDRESS	<b>2980 CORAL WAY</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>16501 N.W 16 Ct</b>
1.3 STREET ADDRESS	<b>Miami Fla 33169</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>16501 NW 16 CT</b>
2.3 STREET ADDRESS	<b>Miami Fla 33169</b>
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2297**  
Date

**305-621-4227**  
Daytime Phone #

CR2E034 (9/96)