

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064746 (9)

1. Corporation Name

PRO-CARE ORTHODONTIC LABORATORY, INC.



Principal Place of Business

Mailing Address

~~4700 NW 7TH ST #3
MIAMI FL 33126~~

~~4700 NW 7TH ST #3
MIAMI FL 33126~~

2. Principal Place of Business

2a. Mailing Address

21 8774 S.W. 54 TR.

26 4700 N.W. 7 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 MIAMI FL.

27 BOX #488
28 MIAMI, FL.

24 33165 Country
25 DADE

29 33126 Country
30 DADE

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified
09/16/1993

3a. Date of Last Report
07/05/1995

4. FEI Number
65-0436692

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

GUTIERREZ, JOSE E
4700 NW 7TH ST #3
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4700 N.W. 7 ST.
83 BOX #488
84 City MIAMI, FL. FL 85 Zip Code 33126

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

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, JOSE E | |
| STREET ADDRESS | 4700 NW 7TH ST #3 | |
| CITY - ST - ZIP | MIAMI FL 33126 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, BERTHA | |
| STREET ADDRESS | 4700 NW 7TH ST #3 | |
| CITY - ST - ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 | |
| 1.3 STREET ADDRESS | 4700 N.W. 7 ST., BOX #488 |
| 1.4 CITY - ST - ZIP | MIAMI, FL. 33126 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4700 N.W. 7 ST., BOX #488 |
| 2.4 CITY - ST - ZIP | MIAMI, FL. 33126 |
| 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 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)