

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 11 AM 9:51

DOCUMENT # P93000072754 (3)
1. Corporation Name
JOSE' D. DOMINQUEZ, D.D.S., P.A.

Principal Place of Business Mailing Address
7835 WEST 30TH COURT 7835 WEST 30TH COURT
APT. 206 APT. 206
HIALEAH FL 33016 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **10/20/1993**
3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8964 N.W. 146 terr** 26 **8964 N.W. 146 terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Zip Zip Country Country
24 **33016** 25 29 **33016** 30

4. FEI Number: **65-0442928**
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
DOMINQUEZ, JOSE D
7835 WEST 30TH COURT
APT. 206
HIALEAH FL 33016

10. Name and Address of New Registered Agent
B1 Name: **JOSE' D. DOMINQUEZ**
B2 Street Address (P.O. Box Number is Not Acceptable): **8964 N.W. 146 terr.**
B3
B4 City: **MIAMI** FL B5 Zip Code: **33016**

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 (Type or printed name of registered agent and title if applicable) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DOMINQUEZ, JOSE D
STREET ADDRESS	7835 WEST 30 CT., APT. 206
CITY, ST, ZIP	HIALEAH FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	8964 N.W. 146 terr.
4. CITY, ST, ZIP	MIAMI, FL 33016
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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:  **JOSE' D. DOMINQUEZ, P.A.** JUN-3-95 (305) 557-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number