

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000074150 (2)**

1. Corporation Name

**D M - DENTAL LABORATORY, INC.**

Principal Place of Business

12237 SW 132 CT.  
MIAMI FL 33186  
US

Mailing Address

12237 SW 132 CT  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 12225 SW 137<sup>TH</sup> COURT  
Suite, Apt. #, etc.

26 12225 SW 137<sup>TH</sup> COURT  
Suite, Apt. #, etc.

4. FEI Number

65-0444700

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Electronic Computer Filing and Fund Fund Contribution

\$5.00 May Be Added to Fees

7. The corporation has liability, for intangible tax under s. 100.022, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

MAYURI, DAVID  
9962 SW 153RD ST  
MIAMI FL 33157

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

Signature typed or printed name of registered agent and fee-1 signature

(NOTE: Registered Agent signature required when registering.)

(date)

12. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | DP               |
| NAME           | MAYURI, DAVID    |
| STREET ADDRESS | 9962 SW 153RD ST |
| CITY, ST, ZIP  | MIAMI FL 33157   |
| 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. OFFICERS AND DIRECTORS

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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(4)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David Morham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-95 (305) 378-2511  
Date (Optional)

CR2E034 (3/95)