

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000004712 (3)**

1. Corporation Name

ROLANDO SOMARRIBA D.D.S. INC.



Principal Place of Business

**10404 WEST FLAGLER ST. #8
MIAMI FL 33174**

Mailing Address

**10404 WEST FLAGLER ST. #8
MIAMI FL 33174**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25 Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

**SOMARRIBA, ROLANDO
10404 WEST FLAGLER ST.
#8
MIAMI FL 33174**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0465512

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. 193.032 Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 Where Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOMARRIBA, ROLANDO	
STREET ADDRESS	10404 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOMARRIBA, BLANCA	
STREET ADDRESS	10404 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOMARRIBA, LAURA	
STREET ADDRESS	10404 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOMARRIBA, ROXANA	
STREET ADDRESS	10404 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	M	<input type="checkbox"/> DELETE
NAME	SOMARRIBA, CARLOS	
STREET ADDRESS	10404 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-96 (305) 552 8011

CR2E034 (12/95)