

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
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
01/20/1994	05/01/1995
4. FEI Number	Applied For
65-0465512	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable. (NOTE: Registered Agent Signature required when changed) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	SOMARRIBA, ROLANDO	10404 W. FLAGLER ST. MIAMI FL 33174	<input type="checkbox"/> DELETE			
	VD	SOMARRIBA, BLANCA	10404 W. FLAGLER ST. MIAMI FL 33174	<input type="checkbox"/> DELETE			
	TD	SOMARRIBA, LAURA	10404 W. FLAGLER ST. MIAMI FL 33174	<input type="checkbox"/> DELETE			
	SD	SOMARRIBA, ROXANA	10404 W. FLAGLER ST. MIAMI FL 33174	<input type="checkbox"/> DELETE			
	M	SOMARRIBA, CARLOS	10404 W. FLAGLER ST. MIAMI, FLORIDA 33174	<input type="checkbox"/> DELETE			

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

03-19-96 (305) 552 8011

CR2E034 (12/95)