	PROFIT RPORATION JAL REPORT 1996	DIV	Secretar ISION OF C	Mortham y of State ORPORATI					
1. Corporation	MENT # P94 DENTAL LAB CORPOR	400000779 ATION	98 (9)				414 61 114 F	1 (1 (1) (1) (1)
Principal Place 10550 NW SUITE 22 HIALEAH G US		SUITE 22	35 77 court 3ardens fl	. 33016		 Date Incorporated or Qualified 	3a. Date o	f Last R	leport
	ace of Business	2a. Ma∜ing Ado	dress			01/27/1994 4. FEB Number	U.	5/01/1	995 Applied For
21 Suite, Apt. i	#, etc.	26 Suite, Apt.	#, etc.			65-0465265		للم معامل ال	Not Applicable Additional
22 City & State		27 City & State				5. Certificate of Status Desired		Fee	Required
23		28	с,			6. Election Campaign Flnancing Trust Fund Contribution	[]	Adde	O May Be d to Fees
Ζφ 24	Country 25	2ip 29	-	Country 30	,	8. This corporation has liability for Florida Statutes [] Yes	intangiblo tax i	under s	199.032,
	9, Name and Address of C	Current Registered Agen	1	81	Name	10. Name and Address of New R	legistered Ag	jent	
	YAN, AKOP			82		Iress (P.O. Box Number is Not Acceptab	00)		
10550 SUITE	NW 77 CT #22			83					
	AH GARDENS FL 33016			84				85 Zi	p Code
11 Pursuant 1	o the provisions of Sections 607	(0502 and 607 1608 Florid	ria Statutee			ration submits this statement for the pur	FL		
or registere	o the provisions of Sections 607 ed agent, or both, in the State o th, and accept the obligations of	f Florida. Such change was	s authorized	the above-	amed corpo	ration submits this statement for the pur ard of directors. I hereby accept the app			registered office
or registere familiar wit	ed agent, or both, in the State o th, and accept the obligations of	f Florida. Such change was , Sect⊧on 607.0505, Florida	s auth orize d e Statu tes .	the above- by the corp	named corpo oration's boa	ard of directors. Thereby accept the appr	Pose of chang ointment as re		registered office
or register familiar wit SIGNATURE _ 12.	ed agont, or both, in the State o th, and accept the obligations of Signature typed or printed name of registeric OFFICER	of Florida, Such change was , Section 607.0505, Florida of agent and title if an picable. IS AND DIRECTORS	s auth orize d a Statu tes . (NOTE	the above by the corp Registered Age	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the app ed when renstating) ADDITIONS/CHANGES TO OFF	DATE	ging its r gistered	egistered office l agent. I am PRS IN 12
or registere familiar wit SIGNATURE	ed agont, or both, in the State o th, and accept the obligations of Signature typed or printed name of registeric OFFICE R PD	of Florida. Such change was , Section 607.0505, Florida ad agent and the if applicable.	s auth orize d a Statu tes . (NOTE	the above- by the corp Flogistered Age 13.	named corpo oration's boa	and of directors. Thereby accept the appreciation of the second	DATE	ging its r gistered	egistered office lagent. I am PRS IN 12
or register familiar wit SIGNATURE: 12. Inte	ed agent, or both, in the State o th, and accept the obligations of Signature typed or printed name of registric OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT	If Florida. Such change was , Section 607.0505, Florida of eact and the If a pleatile. (S AND DIRECTORS	s auth orize d a Statu tes . (NOTE	the above by the corp Registered Age	named corpo oration's boa	and of directors. Thereby accept the appreciation of the second	DATE	ging its r gistered	egistered office agent. I am RS IN 12
or register familiar wit SIGNATURE: 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State o th, and accept the obligations of Signature oned or proted rame of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS F	If Florida. Such change was , Section 607.0505, Florida of eact and the flap dealer. IS AND DIRECTORS	s authorized a Statu tes . (NOTE LETE	the above by the corp flugstored Ago 13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-5	named corpo oration's boa x signature require ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ping its r gistered IRECTC Change	egistered office lagent. I am PRS IN 12
or register familiar wit SIGNATURE 12. 112. NAME STREET ADDRESS	ed agent, or both, in the State o th, and accept the obligations of Signature typed or printed name of registric OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT	If Florida. Such change was , Section 607.0505, Florida of eact and the If a pleatile. (S AND DIRECTORS	s authorized a Statu tes . (NOTE LETE	the above- by the corp Flugstered Age 13. 1 1 TITLE 12 NAME 1 3 STREET	named corpo oration's boa x signature require ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ging its r gistered	egistered office lagent. I am PRS IN 12
or register familiar wit SIGNATURE: 12. ITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	ed agent, or both, in the State o th, and accept the obligations of Signature wheel or printed rame of register OFFICER ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI -SVD- -AIDOV, VLADIMIR- -45545 O.W141TH -TEI	If Florida. Such change was , Section 607.0505, Florida an earert and the if an pleater. IS AND DIRECTORS	s authorized a Statu tes . (NOTE LETE	The above- by the corp Flugstened Ago 13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 2 3 STREET	ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ping its r gistered IRECTC Change	egistered office lagent. I am PRS IN 12
or register familiar wit SIGNATURE: 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI -SVD- -AIDOV, VLADIMIR-	If Florida. Such change was , Section 607.0505, Florida an earert and the if an pleater. IS AND DIRECTORS	s authorized a Statu les . (Nore LETE	The above- by the corp registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY-S 2 1 TITLE 22 NAME	ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE	ping its r gistered IRECTC Change	egistered office lagent. I am PRS IN 12
or register familiar wit SIGNATURE:	ed agent, or both, in the State o th, and accept the obligations of Signature wheel or printed rame of register OFFICER ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI -SVD- -AIDOV, VLADIMIR- -45545 O.W141TH -TEI	Florida. Such change was Section 607.0505, Florida SAND DIRECTORS SAND DIRECTORS DE #22 L X DE RRACE-	s authorized a Statu les . (Nore LETE	The above- by the corp registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S	ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE	ing its r gistered IRECTC Change Change	egistered office agent. I am PRS IN 12
or register familiar wit SIGNATURE 112. 111LE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0505, Florida SAND DIRECTORS SAND DIRECTORS DE #22 L X DE RRACE-	s authorized a Statu les . (Nore LETE	the above by the corp regeneration of Ago 13. 1 1 TITLE 1 2 NAME 1 3 STREET 1 4 CHY-S 2 1 TITLE 2 2 NAME 2 3 STREET 2 4 CHY-S 3 1 TITLE 3 2 NAME 3.3 STREET	ADDRESS T-ZIP	and of directors. Thereby accept the appreciation of the second	DATE	ing its r gistered IRECTC Change Change	egistered office agent. I am PRS IN 12
or register familiar wit SIGNATURE: <u>12.</u> 11LE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STR2ET ADDRESS CITY-ST-2IP TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0505, Florida SAND DIRECTORS SAND DIRECTORS DE #22 L X DE RRACE-	s authorized a Statu los . NOTE LETE LETE	the above- by the corp flogstored Age 13. 1 1 TITLE 1 2 NAME 1 3 STREED 1 4 CITY- S 2 1 TITLE 2 2 NAME 2 4 CITY- S 3. 1 TITLE 3 2 NAME	ADDRESS T-ZIP	and of directors. Thereby accept the appreciation of the second	DATE	ing its r gistered IRECTC Change Change	egistered office agent. I am PRS IN 12
or register familiar wit SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	If Florida. Such change was , Section 607.0506, Florida at eact and the flap dealer. IS AND DIRECTORS	s authorized a Statu los . NOTE LETE LETE	The above by the corp 11 11 13 1 14 11 13 1 14 11 13 1 14 11 12 NAME 13 STREED 14 CITY-5 2 TITLE 2 NAME 3.3 STREED 3.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREED 3.4 CITY-5 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP I ADDRESS T-ZIP I ADDRESS T-ZIP	and of directors. Thereby accept the appreciation of the second	DATE	ing its r gistered IRECTC Change Change	egistered office Lagent. Lam PRS IN 12 Addition
or register familiar wit SIGNATURE 12. 11LE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	If Florida. Such change was , Section 607.0506, Florida at eact and the flap dealer. IS AND DIRECTORS	s authorized a Statu los . NOTE LETE LETE	The above- by the corp registered Ageo 13. 1 1 TITLE 12 NAME 13 STREE 14 CHY-S 2 1 TITLE 22 NAME 23 STREE 24 CHY-S 3. 1 TITLE 32 NAME 3.3 STREE 3.4 CHY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE	ing its r gistered IRECTC Change Change	egistered office Lagent. Lam PRS IN 12 Addition
or register familiar wit SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	If Florida. Such change was , Section 607.0506, Florida at eact and the flap dealer. IS AND DIRECTORS	s authorized a Statutes. (NOTE LETE LETE LETE	The above by the corp 11 11 13 1 14 11 13 1 14 11 13 1 14 11 12 NAME 13 STREED 14 CITY-5 2 TITLE 2 NAME 3.3 STREED 3.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREED 3.4 CITY-5 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ing its r gistered IRECTC Change Change	egistered office Lagent. Lam PRS IN 12 Addition
or register familiar wit SIGNATURE 12. 11LE 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 TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0506, Florida are and the if applicable. IS AND DIRECTORS DI DE DE	s authorized a Statutes. (NOTE LETE LETE LETE	The above- by the corp registered Age 13. 1 1 TITLE 12 NAME 13 STREED 14 CITY-S 2 1 TITLE 22 NAME 23 STREED 24 CITY-S 3. 1 TITLE 32 NAME 3.3 STREED 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ping its r gistered IRECTC Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition
or register familiar wit SIGNATUFIE 171. 171. 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 TITLE NAME STREET ADDRESS	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0506, Florida are and the if applicable. IS AND DIRECTORS DI DE DE	s authorized a Statutes. (NOTE LETE LETE LETE	The above- by the corp. Projectored Ago. 13. 1 1 TITLE 12 NAME 13 STREED 14 CITY-S 2 1 TITLE 2 AMME 2 3 STREED 2 4 CITY-S 3.1 TITLE 3.3 STREED 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREED 4.4 CITY-S 5.1 TITLE 5.3 STREED	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	and of directors. Thereby accept the appreciation of the second	DATE ICERS AND D	ping its r gistered IRECTC Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition
or register familiar wit SIGNATURE 12. 11LE 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 TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0506, Florida are and the if applicable. IS AND DIRECTORS DI DE DE	s authorized a Statutes. (Nore LETE LETE LETE LETE LETE	The above- by the corp registered Age 13. 1 1 TITLE 12 NAME 13 STREED 14 CITY-S 2 1 TITLE 22 NAME 23 STREED 24 CITY-S 3. 1 TITLE 32 NAME 3.3 STREED 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	and of directors. Thereby accept the appreciation of the second	PL pose of chang ointment as re ICERS AND D CERS A	ping its r gistered IRECTC Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition
or register familiar wit SIGNATURE 12. 11LE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0505, Florida and agent and the if an obcatile. IS AND DIRECTORS DI DE DE	s authorized a Statutes. (Nore LETE LETE LETE LETE LETE	The above- by the corp. Flugstered Age. 13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 2 2 NAME 2 3 STREET 2 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 3.3 STREET 4.4 CITY-S 5.1 TITLE 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	and of directors. Thereby accept the appreciation of the second	PL pose of chang ointment as re ICERS AND D CERS A	ping its r gistered IRECTC Change Change Change Change Change	egistered office agent: I am DRS IN 12 Addition
or register familiar wit SIGNATURE 12. 11LE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP	ed agent, or both, in the State o th, and accept the obligations of Signature bried or proted remote of register OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI 	Florida. Such change was Section 607.0505, Florida and agent and the if an obcatile. IS AND DIRECTORS DI DE DE	s authorized a Statutes. (Nore LETE LETE LETE LETE LETE	The above- by the corp. Flugstored Age. 13. 1 1 TITLE 12 NAME 13 STREED 14 CITY-S 2 1 TITLE 2 2 NAME 2 3 STREED 2 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREED 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREED 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREED 5.4 CITY-S 6 1 TITLE 6 3 STREED 6 3 STREED	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	and of directors. Thereby accept the appreciation of the second	PL pose of chang ointment as re ICERS AND D CERS A	ping its r gistered IRECTC Change Change Change Change Change	egistered office agent: I am DRS IN 12 Addition
or register familiar wit SIGNATURE 12. 11LE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State o th, and accept the obligations of OFFICER PD ALAMYAN, AKOP 10550 NW 77 COURT HAILEAH GARDENS FI -SVD- -AIDOV, VLADIMIR- -45545 O.W. 141TH TEI -MKIAMI FL-33160-	If Florida. Such change was Section 607.0505, Florida and egent and the if applicable. IS AND DIRECTORS DI IDE IDE IDE IDE IDE IDE IDE IDE IDE	s authorized a Statutes. (NOTE LETE LETE LETE LETE LETE LETE LETE	The above by the corp by the corp 13. 1 1 TITLE 12 NAME 13 STREED 14 CHY-5 2 1 TITLE 22 NAME 23 STREED 24 CHY-5 3.1 TITLE 32 NAME 3.3 STREED 34 CHY-5 5.1 TITLE 4.2 NAME 4.3 STREED 4.4 CHY-5 5.1 TITLE 5.2 NAME 5.3 STREED 5.4 CHY-5 6.1 TITLE 5.4 CHY-5 7.5 CH	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	and of directors. Thereby accept the appreciation of the second		ing its r gistered IRECTC Change Change Change Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition