

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000033020 (6)**

1. Corporation Name  
**DENTOVAR, INC.**



Principal Place of Business

1909 S.W. 107TH AVE.  
#902  
MIAMI FL 33165

Mailing Address

1909 S.W. 107TH AVE.  
#902  
MIAMI FL 33165

2. Principal Place of Business

21 2925 NW 7 ST  
Suite, Apt. #, etc.

2a. Mailing Address

26

22 City & State

23 MIAMI FL

27 City & State

28

24 33125 25 Dade

29 30

9. Name and Address of Current Registered Agent

TOVAR, DIANA  
1909 S.W. 107TH AVE.  
APT. 902  
MIAMI FL 33165

3. Date Incorporated or Qualified  
**05/02/1994**

3a. Date of Last Report  
**05/01/1995**

4. FET Number  
**65-0486678**

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. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3520 SW 104 CT**  
83  
84 City **MIAMI** FL 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 607.0002 and 607.1506, 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 will be made by the corporation, by act of majority of its officers or directors. If the party to sign this report is not the registered agent, I am familiar with, and accept the obligations of, Section 607.1506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	P	OFFICER
2. NAME	TOVAR, ALFREDO	
3. STREET ADDRESS	1909 SW 107 AVE. #902	
4. CITY-ST-ZIP	MIAMI FL	
5. TITLE	VP	OFFICER
6. NAME	TOVAR, DIANA	
7. STREET ADDRESS	1909 SW 107 AVE. #902	
8. CITY-ST-ZIP	MIAMI FL	
9. TITLE		OFFICER
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		OFFICER
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	3520 SW 104 CT	
3. CITY-ST-ZIP	MIAMI FL 33165	
4. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	3520 SW 104 CT	
6. CITY-ST-ZIP	MIAMI FL 33165	
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY-ST-ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. CITY-ST-ZIP		

14. I do hereby certify that the information applied for is being submitted voluntarily and is true and correct. I further certify that the information included on this annual report is true and correct 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 632, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an article filed with this report.

SIGNATURE: *Diana Tovar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 3056436766

CR2E034 (12/95)