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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000046454 (2)

1. Corporation Name
DENTAL HUT, INC.



Principal Place of Business
1174 SOUTHWEST 12TH STREET
REAR
MIAMI FL 33129

Mailing Address
2555 COLLINS AVENUE
SUITE 205
MIAMI BEACH FL 33140-4755

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report
05/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1385 CORAL WAY	26 1385 CORAL WAY	65-0615139	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 401 B-C	27 401 B-C	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 MIAMI, FL	28 MIAMI, FL	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33145	25 USA		
29 33145	30 USA		

9. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A
890 S. DIXIE HWY
CORAL GABLES FL 33146

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HUTTERLI, ENRIQUE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2555 COLLINS AVENUE, SUITE 402	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Enrique Hutterli

04-08-97 205
804,012

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