

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

\$5 MAY -1 PM 2:34

DOCUMENT # P94000048581 (0)

1. Corporation Name

E & S DENTAL LABORATORY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12451 S.W. 12TH LANE
MIAMI FL 33184

Mailing Address

12451 S.W. 12TH LANE
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 **8890 CORAL WAY**

Suite, Apt. #, etc.

22 **SUITE 206**

City & State

23 **MIAMI, FL.**

Zip

24 **33165**

Country

25 **DADE**

2a. Mailing Address

26 **8890 CORAL WAY**

Suite, Apt. #, etc.

27 **SUITE 206**

City & State

28 **MIAMI, FL.**

Zip

29 **33165**

Country

30 **DADE**

4. FEI Number

65-0502674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DURAN, ERIC R
12451 S.W. 12TH LANE
MIAMI FL 33184**

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

ERIC R. DURAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Eric R. Duran

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DURAN, ERIC R
STREET ADDRESS	8890 CORAL WAY #206
CITY - ST - ZIP	MIAMI FL 33185
TITLE	D
NAME	ESPINOSA, SAILHYS R
STREET ADDRESS	8890 CORAL WAY #206
CITY - ST - ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DURAN ERIC R	
1.3 STREET ADDRESS	8890 CORAL WAY #206	
1.4 CITY - ST - ZIP	MIAMI FL 33165	
2.1 TITLE		<input checked="" 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 110.07(3)(b), 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:

Eric R. Duran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (305) 559-9904
DATE (Date Filing)