**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000054618

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90157 048 \*\*\*150.00

ALBERTO C. ESCARZA, D.D.S., P.A.								******	-114 65411 64151	61111 B1816	<b>6115</b> 4 114	ID: 101( 100)
Principal Place	e of Business	<del></del>	Mailing Address				-  II	00   00    00   01   EIBH 106  1 0				101 1011 1001
9100 S.W. COR	AL WAY		9100 S.W. CORAL WAY									
#4			#4			\ <del>-</del>	DO NOT WRI	TE INI TLIC	SDACE			
MIAMI FL 33165			MIAMI FL 33165				3. Data to	corporated or Qualifed	TE IN IT IS	- SPACE		
							1					
2 Dringing LDI	lace of Business		2a. Mailing Address				4. FEI Nu	5/1994 mber			Apoli	ed For
<u> </u>	iace or business		26				1	521 <u>385</u>				Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.							\$8.7		ditional
22			27				5. Certifo	ate of Status Desired		<b>+</b>	e Requ	
City & 5 tate			City & State				6 Electic	n Campaign Financing		\$5	00 M	av Be
23			28				<b>I</b>	und Contribution			ied to I	
Zip	Countr	y	Zip	Cour	ntry		8. This co	rporation owes the curi	ent year Int	angible		
24	25		29	30			Person	al Property Tax.		Yes	<u>t</u>	]No
	9. Name and Addire	ss of Current	Registered Agent				10. Name	and Address of New I	Registered	Agent		
					81	Name						
	AUX, GUS DE			}	82	Street Add	lress (P.O. Box	Number is Not Accept	able)		—-	
	CORAL WAY			1				<u> </u>				
	RD FLOOR			İ	83							
MIAP	MI FL 33145			-	84	City				85 2	Zip Co	de
					ı	•			_ <u>FL</u>	.		
11. Pursuant	to the provisions of Sec	tions 607.0502	and 607.1508, Florida Statu f Florida, Such change was	tes, the ab	ove-	named corp	poration submition's board of r	s this statement for the	purpose of at the appoi	changing ntment a	j its re s reas	gistered tered
agent. I a	m familiar with, and acc	ept the obligat	ons of, Section 607.0505, Fi	orida Statu	ıtes.	С согроппа	ion o coura or c	madio a. Thoroug accom	,		3	
SIGNATUFE												
	Signature, typed or printed name				Agent :	signature req irre	ed when reinstating)	ONS/CHANGES TO OF	DATE	ID DIDE	CTOD	C INI 12
12.		FFICERS ANI	DELETE	13.	1 =		ADDITI	NS/CHANGES TO OF	FICEIXO AI	Char		Addition
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14. I 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 of 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 op an attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #