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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

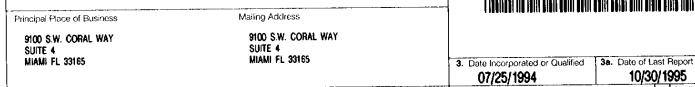
Sandra B. Mortham

Sccretary of State

DIVISION OF CORPORATIONS

## P94000054627 (2) **DOCUMENT #**

PEDRO ZAYAS, D.D.S., P.A.



								07/25/1994	1 10	)/30/199	95
9 Principal Pla	nce of Business		2a. M	ailing Address				4. FEt Number		1 1	pplied For
2. Principal Place of Business			26	<b>⊢</b> ¬				65-0611159	١	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>-</b>	Additional
22	,,		27					S. Certificate of Status Desired		Fee F	Required
City & State		Ci	City & State				6. Election Campaign Financing	П		May Be	
23		28					Trust Fund Contribution — Added to Fees				
Zip		Country	Zi	р		Country		8. This corporation has liability for		x under s	199.032,
4 25 29 30								Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name a	nd Address of Cur	rent Register	ed Agent	<u>-</u>	81	None	10. Name and Address of New F	egistered /	4geilt	
						*'	Name				
ZAYAS, PEDRO D.D.S.						82	82 Street Address (P.O. Box Number is Not Acceptable)				
	W. CORAL V										
STE 4						83					
MIAMI F	FL 33165					84	City			<b>85</b> Zij	o Code
							_		FL		1.16
11. Pursuant t	to the provision	is of Sections 607.0	502 and 607.1	508, Florida Statu	ites, the ized by	above-r	named corp oration's bo	poration submits this statement for the purporation of directors. I hereby accept the app	rpose or cna ointment as	inging its r registered	egistered onice Lagent. Lam
or registeri familiar wit	ed agent, or bi th, and accept	the obligations of, S	Section 607.05	05, Florida Statute	es.	110 00 p	0.400.100				
SIGNATURE											
	Signature, typed or	printed name of registered a		· · · · · · · · · · · · · · · · · · ·			it signature raqi	uired which reinstating?  ADDITIONS/CHANGES TO OFF	DATE.	DIRECTO	DRS IN 12
12.		OFFICERS	AND DIRECTO	ORS DELETE		13.	<del></del>	ADDITIONS/CHANGES TO OF		7 Change	Addition
TITLE	D			[ ] DECE IE	l	1 1 TITLE					
NAME	ZAYAS,					1.2 NAME					
STREET ADDRESS	1	W. CORAL WAY 1	<b>F</b> 4			1.3 STREET	1				
CITY - ST - ZIP	MIAMI F	L 33165		E3 001 516		1.4 CITY-5	ST - Z1P			Change	Addition
TITLE				DELETE		2 1 TITLE	ļ		L		
NAME					ŀ	22 NAME					
STREET ADDRESS	Ì						ADDRESS				
CITY-ST-7IP				D 25: 545		2.4 CITY-	S1 - 21P			Change	[ ] Addition
TIFLE				□ DELETE		3 1 TITLE	1				
NAME					1	3.2 NAME					
STREET ADDRESS							I ADDRESS				
CITY-ST-ZIP				D 25. 576		34 CHY				Change	[ ] Addition
TITLE				DELETE	1	4. 1 TITLE			'		
NAME						4.2 NAME	1				
STREET ADDRESS					1		T ADDRESS				
CITY-ST-ZIP				Pro pri eve		4 4 CITY-				Change	Addition
TITLE				DEFELE		5 1 TITLE				☐ outenile	☐ Addition
NAME						5.2 NAME					
STREET ADDRESS					- 1	5.3 STREE	T ADDRESS				
CITY - S1 - ZIP	l					5.4 CITY -				Char	ED Addition
TITLE				DELETE		6. 1 TITLE				☐ Change	☐ Addition
NAME						62 NAME	1				
STREET ADDRESS						63 STREE	T ADDRESS				
1	1										

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that rny 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-96 305 55/0068