FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

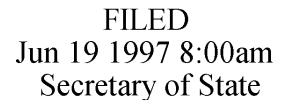
DOCUMENT # P9500000673 (0)

NANCY M. SOSA-ABELLA, D.D.S., P.A.

Principal Place of Business

Mailing Address

9481 S.W. 25 DRIVE MIAMI FL 33165 9481 S.W. 25 DRIVE MIAMI FL 33165-8153





MINMITE SOIL	•		MIAMI FE 331	00-0100						
							3. Date Incorporated or Qualified 01/04/1995	3a. Date o		porl
2. Principal Pi	lace of Busin	ess	2a. Mailing A	2s. Mailing Address			4. FEI Number	- L	App	olied For
21			26				65-0579380		Not	Applicable
Suite, Apt. #, etc.			Suite Ap	t. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A	dditional
22			27				5. Certificate of Status Desired	لسا	Fee Rec	quired
City & State	€		City & Sta	ate			6. Election Campaign Financing		\$5.00 h	May Be
23			28				Trust Fund Contribution		Added to	
Zip		Country	Zip		Countr	y	8. This corporation has liability for i			199.032
24		25	29}	8	30			Yes A N		****
		and Address of Curre	ent Registered Age	nt	04	1.1	10. Name and Address of New Re	istered Age	nt	
	lla, fran				81	Name				
	7 SW 90 1				82 Street Address (P.O. Box Number is Not Acceptable)			e)		
MAIM	VII FL 3317	6						<u> </u>		
					83					
					84	City		FL 8	Zip C	ode
11. Pursuant to	o the provisi	ons of Sections 607.05	02 and 607.1508, F	lorida Statutes	s, the abov	I e-named co	properation submits this statement for the pation's board of directors. I hereby accept	urpose of cha	nging its	registered
agent. I ar	n familiar wi	and accept the obli	gations of, Section 6	07.0505, Flori	ida Statute	s.	alion's board of directors, i hereby accep	t the appoint	rient as re	egistered
SIGNATURE	India o Typod	or printed name of registered a	gent and the if applicable	(NO1E	Registered Ag	ent 8 gnature rec	gured when reinstating)	915/	7_1	
12.		OFFICERS AF	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS	IN 12
TITLE	P			DELFTE	1.1 TITLE				Change	Addition
NAME		ELLA, NANCY M			1.2 NAME					
STREET ADDRESS		. 25 DRIVE			1.3 STREE	I ADDRESS				
CITY-ST-ZIP	MIAMI FL	33165			1.4 CHY-1	ST-ZIP				
TITLE				DELETE	2.1 TITLE				Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					2 3 STREF	ADDRESS				
CITY-ST-ZIP					2. 4 CITY-	S1 - 7)P				
TITLE				DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3.4. C/TY-	ST-7IP				
TITLE				DELETE	4.1 TITLE				Change	Addition
NAME					4 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 C/TY - S					
TITLE				DELETE	51 MILE				Change	Addition
NAME					5.2 NAME				•	
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.5 GITE C					
TITLE				DELETE	6.1 THLE	411		П	Change	Addition
NAME			 -		6.2 NAME	İ		<u>.</u>		
STREET ADDRESS					6.3 STREFT	VUUNE GG				
CITY-ST-ZIP					6.4 CITY - S					
	y certify that	the information supplied	ed with this filing doe	es not qualify	for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	I further cert	ily that th	

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 eath; 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 attachmy in with an address.