Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90017 047 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000010773

ALBERT(O Q DESPAIGNE D.D.S. P.	A .				The statement was related about about about	ec ku arie u keku		
Principal Plac	te of Business	Mailing Address							
•	DALEE BCH BLVD	2315 NE 1957H STREET MIAMI FL 33180							
US		US				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 02/08/1995		,	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				65-0522006			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Rec	dditional quired
City & State		City & State		-	Election Campaign Financing Trust Fund Contribution	· 🔲 ˇ	\$5.00 f	•	
Zip	Country	Zip	Cour	try		8. This corporation owes the curre	nt vear Intand		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
				81 Name	· <u>-</u>				
DESPAIGNE, ALBERTO Q			+	82 Street Address (P.O. Box Number is Not Acceptable)					
2518 E HALLANDALE BCH BLVD				511 Street Address (F.O. Box Number is Not Acceptable)			_:		
HALLANDALE FL 33009				83			· -		
			},	84 City		·	FI	85 Zip C	ode
		00 1007 4500 EL 11- 01-11				and a second for the		naina ita I	parintarad
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obligations.	of Florida, Such change was at	Ithorized .	hy the corr	oration	ration submits this statement for the p 's board of directors. I hereby accept	the appointm	ent as reg	istered
SIGNATURE	Signature, typed or printed name of registered age				required V	when reinstating)	DATE		}
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 1111	E	Q	01/	<u> </u>	Change	☐ Addition
NAME	DESPAIGNE, ALBERTO Q		1.2 NAA	Œ	De	spaigne, Alberto 518 E. Hallandale Hallandale, Fl	\bigcup_{i}	٦.١	
STREET ADDRESS	9101 PARK DRIVE		1.3 STR	EET ADDRESS	29.	SIRE HALLANDALE	. Bch	RINA.	
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CIT	-ST-ZIP	رت [HATTANDALE . FI	331	20S	_]
TITLE		DELETE 2.1		E		, , , , ,		Change	Addition
NAME			2.2 NAA	1E	}				1
STREET ADDRESS			2.3 STR	EET ADDRESS	1				
CITY-ST-ZIP	{		2.4 CIT	Y-ST-ZIP	ļ		<u> </u>		
TITLE		☐ DELETE	3.1 TITE	E.] Change	☐ Addition
NAME	}		3.2 NAN	Æ					
STREET ADDRESS			3.3 STR	EET ADDRESS	ĺ				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITC	E] Change	☐ Addition
NAME			4. 2 NAJ	ΛE					1
STREET ADDRESS			4.3 STR	EET ADDRESS	i				
CITY-ST-ZIP			4.4 Cm	-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITL	E] Change	☐ Addition
NAME			5.2 NAM	Æ					
STREET ADDRESS			5.3 STR	EET ADDRESS	1				
CITY-ST-ZIP				-ST-ZIP	<u> </u>			<u> </u>	
TITLE		☐ DELETE	6.1 TITL		İ] Change	☐ Addition
NAME .			62 NAM	E					
STREET ADDRESS			6.3 STR	EET ADDRESS	1				1

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 required by chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attropriment with an address, with all other like emogwered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP