

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022094 (3)

1. Corporation Name
VITEC DENTAL LAB, INC.

Principal Place of Business
7000 WEST 12TH AVENUE
SUITE 9
HIALEAH FL 33014

Mailing Address
7000 WEST 12TH AVENUE
SUITE 9
HIALEAH FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1995 3a. Date of Last Report 06/26/1996
4. FEI Number 65-0579223 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MILLER, ROBERT M
5915 PONCE DE LEON BLVD.
SUITE 12
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name Gladys Balleste
82 Street Address (P.O. Box Number is Not Acceptable)
2320 NE 199 ST
83
84 City N.H.B. FL 85 Zip Code 33180

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

(NOTE: Registered Agent signature is required when resigning)

DATE 11/1/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	MURIAS, GERMAN	7000 W. 12TH AVE. SUITE 9	HIALEAH FL 33014	☐
P	BALLESTE, GLADYS	7000 WEST 12TH AVENUE SUITE 9	HIALEAH FL 33014	☐
P	MURIAS, CARI	7000 WEST 12TH AVENUE SUITE 9	HIALEAH FL 33014	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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****750.00 ****750.00

REINSTATEMENT '97
SCC 12-1-97

14. I do 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 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

11/21/97 305-821-0221

CR2E034 (4/97)