

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 NOV 26 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057443 (0)

1. Corporation Name

AMERICAN MEDI-DENTAL SUPPLIES, INC.



Principal Place of Business Mailing Address
7392 NW 35TH TERRACE STE 204 MIAMI FL 33122

REINSTATEMENT

3. Date Incorporated or Qualified 07/25/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 9445 Bird Road Suite, Apt. #, etc. 22 Suite 103 City & State 23 Miami, Florida Zip 24 33165 Country 25 USA
26 9445 Bird Road Suite, Apt. #, etc. 27 Suite 103 City & State 28 Miami, Florida Zip 29 33165 Country 30 USA

4. FEI Number 65-0605582 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HIDALGO, MARIA C
7392 NW 35TH TERRACE STE 204
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name Maria C. Hidalgo
82 Street Address (P.O. Box Number is Not Acceptable) 9445 Bird Road, Suite 103
83 City Miami FL 84 Zip Code 33165

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 *Maria C. Hidalgo*

Maria C. Hidalgo, President Nov. 25, 1996

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HIDALGO, MARIA C	
STREET ADDRESS	9654 SW 27TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lamas, Rafael	
1.3 STREET ADDRESS	15021 SW 80 Terrace	
1.4 CITY-ST-ZIP	Miami, Florida 33193	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700002018777-2	
3.3 STREET ADDRESS	-12/04/96-01001-009	
3.4 CITY-ST-ZIP	***383.75 ***383.75	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Maria C. Hidalgo* Maria C. Hidalgo, President (305)221-3991

Nov. 25, 1996

CR2E034 (12/95)