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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000084217 (5)

JOSE R. PERALTA, D.D.S., P.A.

Mailing Address Principal Place of Business 1760 CORAL WAY 1760 CORAL WAY MIAMI FL 33145-2729 MIAMI FL 33145 3. Date incorporated or Qualified 11/02/1995 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0635928 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country ZiD Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 30 24 25 29 g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 CUEVAS, ANDREW Name 9200 S. DADELAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 603 **B3 MIAMI FL 33156** 84 City Zip Code 85 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. Signar are hypother printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change 1.1 TITLE 1111 PERALTA, JOSE R NAME 1.2 NAME 1760 CORAL WAY STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33145** 1.4 CITY-ST-ZIP CITY-ST-ZIE Change Addition DELETE THLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ACIDRESS CITY - S1 - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 101.6 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CHY-ST 7/P DELETE Change Addition 4.5 TITLE TOTAL 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CHTY-ST-205 DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THE

6.2 NAME

6.3 STREET ADDRESS

City-S1-ZiP 6.4 City-S1-ZiP 6.4 City-S1-ZiP 6.4 City-S1-ZiP 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if c

NAME:

STREET ADDRESS

SIGNATURE AND TYPI O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

305-856-1488

**FILED** 

Apr 16 1997 8:00am

Secretary of State

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