CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P95000089493 (7)

A. & A. MOBILE DENTAL CORPORATION

Principal Place of Business Mailing Address 1866 N.W. 20TH STREET 1866 N.W. 2 MIAMI FL 33142 MIAMI FL 33				20TH STREET							
								3. Date Incorporated or Qualified 11/22/1995	3a. Date 15t		
Principal Place of Business			2a. Mailing Address 26					4. FEI Number 65-06/9/44	1		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee	5 Additional Required
City & State			Orty & State 28					6. Election Campaign Financing Trust Fund Contribution		Add	00 May Be ed to Fees
Zip 24	Country 25 9. Name and Address of Curren	29	Zip	30	ountry	γ 		This corporation has liability for Florida Statutes	No		s 199.032,
	g, Name and Address of Curren	. negis	stereo Agent		81	ΤÑ	ame	10. Name and Address of New F	registered /	.gent	
BENITEZ, ORLANDO JR											
7221 S.W. 56TH STREET MIAMI FL 33155						ļ	treet Addres	SS (P.O. Box Number is Not Acceptable)			
MIAMI FL	. 33135				83					· T · · · · · ·	
					84		ity		FL	85 2	Zip Code
or registere	the provisions of Sections 607.0502 diagent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Suc	h change was authori	ized by the	oorp	nam oorat	ed corporation's board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of cha ointment as	nging its registere	registered office id agent. I am
s	Ignature, typed or pricted han e of registered agent					r (sig	adure required s	otion renetating)	DATE		
12.	OFFICERS ANI	DIREC		13	~		······································	ADDITIONS/CHANGES TO OFF			···
TITLE	FERRAN, ALEXANDER		DELETE		TITLE				L] Change	Addition
NAMÉ STREET ADDRESS	7221 S.W. 56TH STREET				NAME STREET		RESS				
CITY-SI-ZIP	MIAMI FL 33155				CITY-S						
TITLE	D		[] DELETE		TITLE					Change	Addition
NAME	Benitez, Orlando jr			2.2	NAME						
STREET ADDRESS	7221 S.W. 56TH STREET			23	STHEE	: A00	RESS				
CITY-ST-ZIF	MIAMI FL 33155		·	2.4	CHTY-5	\$1 - ZI	Þ				
THTLE	D		DELETE	3	TH. E] Change	☐ Addition
NAME	FERRAN, OSMIN		•	3.2	NAME						
STREET ADDRESS	9873 S.W. 1ST TERRACE			3.3	STREE	et ade	PRESS				
C-ITY-ST-ZIP	MIAMI FL 33174		ED bolotic		CHY		P			7 0	F3 1140
TITLE			☐ DELETE		1 TITLE				L.] Change	Addition
NAME					NAME						
STREET ADDRESS					STREET						
CITY-ST-ZIP TITLE			DELETE		CITY S TITLE		P		<u></u> -	Change	Addition
NAME					NAME					_ Onlange	2000001
STREET ADDRESS					STREE		RESS				
CHY-S*-ZIP					CITY						
TITLE			DELFTE		TITLE				Γ	Change	Addition
NAME					NAME				_	_ •	
STREET ADDRESS					STREE		RESS				
CITY-ST-ZIP					City-:		1				
14. I do hereby certify that oath; that I	the information indicated on this annu- am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ial repo ration c	rt or supplemental an or the receiver or trust	rnished an nual repor lee empoy dress.	d doe t is tri vered	es no ue a to e	ot qualify for ind accurate execute this	the exemption stated in Section 119 and that my signature shall have the report as required by Chapter 607, F	same legal lorida Statuti	effect as es; and t	if made under hat my name

SIGNATURE: <

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF UNECTOR DE NITIEZ 3/5/96 (305)545-5545