PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

95000091563 DOCUMENT #

1. Corporation Name

ALVAREZ DENTAL LAB, INC.

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90082 048 ***150.00

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Principal Place of Business 2742 S.W. 8TH STREET 2742 S.W. 8TH STREET MIAMI FLORIDA 33135 MIAMI FLORIDA 33135						•						
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					DO NOT WRITE IN THIS SPACE							
							3. Date Incorporated or Qualifed					
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	lace of Business	— —	Mailing Address				4. FEI Number 65-062208	9		\vdash	<u> </u>	ied For
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23		28	<u>.</u>				Trust Fund Contributio			_	led to	Fees
Zip	Country	-	Zip	$\overline{}$	ıntry		8. This corporation owes		year Int	angible Yes	Ž	§No
24	9. Name and Address of Cu	29	ared Asset	30	т		Personal Property Tax 10. Name and Address of		istered			1110
	9. Name and Address of Co	arrent Kegiste	rea Agent		81	Name	10. Haille alla Madress o	i item iteg	istereu i	-yein		
JESU	JS ALVAREZ				82							
						Street Addre	ess (P.O. Box Number is Not	Acceptable).			
8450	SW. 32ND. TERRA	ACE			83							· -
MIAM	4I FLORIDA. 331	L55	/									
	11 1101110111			1	84	City			FI	85	Zip Co	de
11. Pursuant	to the provisions of Sections 607	7.0502 and 607	7.1508, Florida Stat	utes, the a	bove-	named corpo	oration submits this statement	t for the pur	pose of	changing	g its re	gistered
						mannou corpo	an's hoard of directors. I hereb	w accent t	e annoir	ntment a	ıs regii	stered
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indicated on this annual report of supplemental annual report is true and accurrate and that my signature shall have the same legal effect as it 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 chapter, or on an imperiment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR