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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000092161 (5)

1. Corporation Name
A & E DENTAL, P.A.

Principal Place of Business
11400 NORTH KENDALL DRIVE
#207
MIAMI FL 33176

Mailing Address
11400 NORTH KENDALL DRIVE
#207
MIAMI FL 33176-1029



3. Date Incorporated or Qualified 12/05/1995
3a. Date of Last Report 04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0628832	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24. Country	29. Country		

9. Name and Address of Current Registered Agent

SILVESTRY, ELVIN J
11400 N. KENDALL DRIVE
#207
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Section 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	SILVESTRY, ELVIN J	1.2 NAME	Silvestry, Elvin J
STREET ADDRESS	2501 S. OCEAN DR. APT. 611	1.3 STREET ADDRESS	11400 N. Kendall Dr. #207
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	VD	2.1 TITLE	Change Addition
NAME	SILVESTRY, AILYN D	2.2 NAME	Silvestry, Ailyn D.C.
STREET ADDRESS	2501 S. OCEAN DR. APT. 611	2.3 STREET ADDRESS	11400 N. Kendall Dr #207
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 (305) 271-7777

CR2E034 (9/96)