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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 # P95000096455 (7)

1. Corporation Name  
JOAQUIN A. NOVOA, D.D.S., P.A.

Principal Place of Business  
5730 S.W. 74TH TERRACE  
MIAMI FL 33143

Mailing Address  
5730 S.W. 74TH TERRACE  
MIAMI FL 33143-5308

3. Date Incorporated or Qualified  
01/01/1996  
3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
65-0630441

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

NOVOA, JOAQUIN A  
5730 S.W. 74TH TERRACE  
MIAMI FL 33143

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 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: *Joaquin A. Novoa*

(NOTE: Registered Agent signature required when reinstating)

2/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE: D  DELETE  
NAME: NOVOA, JOAQUIN A  
STREET ADDRESS: 5730 S.W. 74TH TERRACE  
CITY - ST - ZIP: MIAMI FL 33143

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY - ST - ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY - ST - ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY - ST - ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:

6.1 TITLE:  Change  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 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 on an attachment with an address.

SIGNATURE: *Joaquin A. Novoa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/11/97

DATE

0100404

CR2E034 (9/96)