

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED

97 JAN -9 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000097835 (9)

1. Corporation Name
 RITA ECHEVARRIA, D.D.S., P.A.



REINSTATEMENT *qu*

Principal Place of Business Mailing Address
 7171 CORAL WAY, SUITE 217 MIAMI FL 33155
 7171 CORAL WAY, SUITE 217 MIAMI FL 33155

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1995		3a. Date of Last Report	
21	Subs. Acct. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0375587		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
~~FILINGS, INC.~~
 3732 NW 16TH ST
 FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
 81 Name EDUARDO J. RASCO
 82 Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191 STREET
 83 SUITE 500
 84 City AVENTURA FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.
 SIGNATURE: *[Signature]* Date: 11/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEVARRIA, RITA	12 NAME	
STREET ADDRESS	7171 CORAL WAY, SUITE 217	13 STREET ADDRESS	500002057415--3
CITY - ST - ZIP	MIAMI FL 33155	14 CITY - ST - ZIP	-01/14/97--01141--003
TITLE	<input type="checkbox"/> DELETE	21 TITLE	****375.00 ****375.00
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.
 SIGNATURE: *[Signature]* Date: 10-2-96 License No: 305-461-4832

CR2E034 (3/96)