

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # P95000097835 (2)
Corporation Name

Rita Echevarria D.D.S., P.A.

Principal Place of Business

Mailing Address

7171 Coral Way
Suite 217
MIAMI FL 33155

7171 Coral Way
Suite 217
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

4. FEI Number

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASCO, EDUARDO I.
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
RITA ECHEVARRIA
STREET ADDRESS
7171 Coral Way Ste 217
CITY-ST-ZIP
MIAMI, FL 33155

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

Change Addition

NAME
DELETE

2.1 TITLE

Change Addition

NAME
DELETE

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

NAME
DELETE

3.1 TITLE

Change Addition

NAME
DELETE

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

NAME
DELETE

4.1 TITLE

Change Addition

NAME
DELETE

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME
DELETE

5.1 TITLE

Change Addition

NAME
DELETE

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME
DELETE

6.1 TITLE

Change Addition

NAME
DELETE

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

NAME
DELETE

6.5 STREET ADDRESS

CITY-ST-ZIP

6.6 CITY-ST-ZIP

NAME
DELETE

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

NAME
DELETE

6.9 STREET ADDRESS

CITY-ST-ZIP

6.10 CITY-ST-ZIP

400002543404

06/02/98--01017--020

***150.00

I 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.

CR2E034 (10/97)