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Jan 29 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 # P96000026818 (0)

1. Corporation Name
CORAL DENTAL CENTER, INC.



Principal Place of Business

8890 S.W. 24TH STREET
MIAMI FL 33165

Mailing Address

8890 S.W. 24TH STREET
MIAMI FL 33165-2060

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/26/1996

3a. Date of Last Report

4. FEI Number

65-0656514

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

9. Name and Address of Current Registered Agent

GONZALEZ, ENRIQUE III
ONE BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

JUAN GUTIERREZ

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

8890 S.W. 24TH STREET SUITE 205

83

84 City

Miami

FL

85 Zip Code

33165

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 obligation 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 revisiting)

1-22-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME JUAN GUTIERREZ
STREET ADDRESS 8890 S.W. 24 ST. SUITE 205
CITY-ST-ZIP Miami, FL. 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JUAN GUTIERREZ
1.3 STREET ADDRESS 8890 S.W. 24 STREET SUITE 205
1.4 CITY-ST-ZIP Miami, FL. 33165

2.1 TITLE
2.2 NAME MERCEDES MARTINEZ
2.3 STREET ADDRESS 8890 S.W. 24 ST. SUITE 205
2.4 CITY-ST-ZIP Miami, FL. 33165

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

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

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

6.1 TITLE
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

1-22-97

305-221-3813

CR2E034 (9/96)