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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600030170 (0)

ORAL CRAFT DENTAL LABORATORY, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Flace	e of Business	Mailing Add	ress		···· , ······ , ···		ODIN DUNK DOR		INDI HABA MUNI	I OOH TOL
18244 S MILITARY TRAIL DELRAY BEACH FL 33484 16244 S MILITARY TRAIL DELRAY BEACH FL 33484-6504										
						3. Date incorporated o 04/01/1996	Qualified	3a. Date	of Last R	eport
7 10	lace of Business	2a. Mailing			5%	4. FEI Number	-> 01	11		oplied For
1 73 7	16 Clemens SI			nens		65-065	27	4		ot Applicable
Suite, Apt 1	WIT A		UNIT	A		5. Certificate of Status			\$8.75 Fee Re	Additional equired
City & State	E WORTH, FL	28 LAK	ete F W wa			6. Election Campaign Fi Trust Fund Contribution				May Be to Fees
334l	63 Country USA	29 334		Country 30	SA	8. This corporation has Florida Statutes		ntangible t		. 199.032,
+	9. Name and Address of Curre	nt Registered Age	ent		······································	10. Name and Address	of New Re	distered A	gent	
SAL	DARRIAGA, WILLIAM			81	Name					
	44 S MILITARY TRAIL			82	Street Addr	ress (P.O. Box Number is N	ot Acceptab	le) /		
-DEF	RAY BEACH FL 33484	-			454			77		
				83		unite !	7			
				84	City				85 Zip	Code,_
					LAKE	WORK		FL	33	463
office or re agent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obliq	e of Florida. Such d	change was at	uthorized by	the corporat	tion's board of directors. I h	ereby accer	t the appo	intment as	registered
GNATURE										
CHALL DIT	Standard typed or punted name of repistered as	out and the if applicable	(NOTE	Registered Age	nt signature regul	ired when reinstating)		DATE		···
	Signature, typied or pinted name of registered as OFFICERS AN	gent and time if applicable	(NOTE	Registered Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES	TO OFFICE		RECTOR	S IN 12
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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 all inchment with an address.