

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053084

1. Corporation Name
MENDEZ DENTAL PROSTHETICS, INC.

Principal Place of Business

~~1705 S.W. 99TH TERRACE~~
~~HOLLYWOOD FL 33025~~

Mailing Address

~~1705 S.W. 99TH TERRACE~~
~~HOLLYWOOD FL 33025~~

2. Principal Place of Business

21 2600 S. University Dr

Suite, Apt. #, etc.

22 -112

City & State

23 Davie, FL.

Zip

24 33328

Country

25 BROWARD

2a. Mailing Address

26 2600 S. University Dr

Suite, Apt. #, etc.

27 -112

City & State

28 Davie, FL.

Zip

29 33328

Country

30 BROWARD

9. Name and Address of Current Registered Agent

MENDEZ, WILFREDO

~~1705 S.W. 99TH TERRACE~~
~~HOLLYWOOD FL 33025~~

81 Name

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

267191 Sheridan Street

83 Suite 112

84 City

Hollywood,

FL

85 Zip Code

33028

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, WILFREDO	1.2 NAME	
STREET ADDRESS	1705 S.W. 99TH TERRACE	1.3 STREET ADDRESS	2600 S. University Dr. #112
CITY-ST-ZIP	HOLLYWOOD FL 33025	1.4 CITY-ST-ZIP	Davie, FL 33328-1463
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: *Wilfredo Mendez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

(954) 915-0269

Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90026 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

65-0681734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)