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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000059150 (8)

DENTPORT DENTAL SYSTEMS, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							r janninger ism jakin minir menur mahis dahin darat minim harbi disebi disisi adat 300t
9820 NORTHWEST 80 AVENUE. BAY 6G 9820 NORTHWEST 80 AVENUE.				VENNE. R	AY 6	iG	
HIALEAH FL 33016 HIALEAH FL 33016				· · · · · · · · · · · · · · · · · · ·		~	
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 07/15/1996
2. Principal P	lace of Business	2a, Mai	ling Address				4. FEI Number Applied For
21		26	26				65-0681354 Not Applicable
Suite, Apt	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27	4				Fee Required
City & Stat	e	City	City & State				Election Campaign Financing \$5.00 May Be
23		28	4 1			•	Trust Fund Contribution Added to Fees
Zip	Country	Cour			intry		8. This corporation owes or has paid the current year Intangible
24	25	29		30	,		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					T		10. Name and Address of New Registered Agent
PRIETO, MILAGROS					81	Name	
	0 EAST 40 ST		<u> </u>		82	Street Add	dress (P.O. Box Number is Not Acceptable)
	T. 14						
HIALEAH FL 33013			8		83		
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 15	08, Florida Statut	es, the ab	oove	-named co	progration submits this statement for the purpose of changing its registered
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 present ourse of required upon find it is if applicable (NOT). Registered Agent signature required when rein							quired when reinstating) DATE
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO POSTILIO		DELETE	1.1 10	ILE		Change Addition
NAME	PRIETO, ROGELIO			1.2 NA	ME		
STREET ADDRESS	LUAL FALL FL COCAG			3 G 1.3 S		ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CI	TY-ST	- ZIP	
TITLE	SD		DELETE	2 1 711	ILE		☐ Change ☐ Addition
NAME	SHYAM, SUJIT			2.2 NA	ME		
STREET ADDRESS	9820 NORTHWEST 80 AVEN	ue, bay 60	ì	2.3 \$T	REET A	ADORESS	
CITY-ST-ZIP	HIALEAH FL 33016			2 4 CI	11Y-S1	r-zip	
TITLE			☐ DELETE	3 1 TIT	LE		☐ Change ☐ Addition
NAME				3.2 NA	ME	}	
STREET ADDRESS				3.3 ST	REET A	NODRESS	
CITY-ST-ZIP				3.4. CI	TY-ST	r- ZIP	
TITLE			DELETE	4.1 TO	LE	ĺ	☐ Change ☐ Addition
NAME				4. 2 NA	AME		
STREET ADDRESS				4.3 ST	REET A	ADDRESS	
CITY-ST-ZIP				4.4 CIT	TY-ST-	- ZIP	
TITLE			DELETE	5.1 TIT	LE		Change Addition
NAME				5.2 NA	ME		, ,
STREET ADDRESS				5.3 ST	REET A	ADORESS	
CITY-ST-ZIP			_	5.4 CIT			
TITLE			DELETE	61 TIT			☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				6.4 Crī			

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.

FEL 3.1998

305-923-59/3