CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).				
ANNU	PROFIT PORATION JAL REPORT	FLORIDA DEPART Sandra B. I Secretary DIVISION OF CO	Mortham of State	FILED 98 AUG 13 PM 2: 20
DOCUMENT # P96000081382 (9)				JO NOT STATE
DENNIS F. SIERRA, D.M.D., P.A.				SECRETALLY UF STATE TALLAHASSEE, FLORIDA
				HADDAR HA COOL DOOL BARK BARK BARK BARK DOOL DAAR DAAR BARK DOOL
Principal Plac	e of Business	Mailing Address	·	
22053 STATE ROAD 7 BOCA RATON FL 33428		BOOD STATE HOADT BOOD RATION PL SOURS GOI HILLCURS, DRIVE, #19-615 HOLYWOOD R 3301-7893		6/5 DO NOT WRITE IN THIS SPACE
		HOLLYWOOD R 3	3021-7893	3. Date Incorporated or Qualified 09/25/1996
2. Principal P	Place of Business	2a. Malling Address	1012	4. FEI Number Applied For
21		26		65-0696571 Not Applicable
Suite, Apt.		Suite, Apt. #/4ld		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	le UU	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip (Country	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	1-11		10. Name and Address of New Registered Agent
4801 S. UNIVERSITY DRIVE SUITE 602-W - 300 D DAVIE FL 33328			83	Address (P.O. Box Number Is Not Acceptable) FL 85 Zip Code
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				
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1,1 TITLE	Change Addition
NAME	SIERRA, DENNIS F		1.2 NAME	- 110
STREET ADDRESS	-80-MATADOR LANE -DAVIE FL 33324		1.3 STREET ADDRESS	901 HILL CLOST DRIVE, #19-615 HOLLY WOOD, PL 33021-7893
CITY-ST-ZIP TITLE	MANUE FL 55524.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME		C bereit	2.2 NAME	5000026 1896 5—9
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	****150.00 ****150.00 \
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	_ , _
STREET ADDRESS (3.3 STREET ADDRESS	
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		Jeccie	5.2 NAME	C Change C Avolution
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP		Figure	5.4 CITY-ST-ZIP 6.1 TITLE	
NAME		☐ DELETE	6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS	TK 8/14
CITY-ST-ZIP	artify that the information supplied with the	nis filing does not qualify for the	6.4 CITY-ST-ZIP	Section 119 07 (3VI) Florida Statutas I further continue that the Information
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.				
SIGNATURE: TOTAL PI DONUS EUSTENNAT 7/24/98				
BIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				