FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 JUN 24 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000083200 (1)**

1. Corporation Name
MAGNA DENTAL COMPANY

Principal Place of Business	Mailing Address
7200 N.W. 7TH AVENUE MIAMI FL 33126	7200 N.W. 7TH AVENUE MIAMI FL 33126-2941

3. Date Incorporated or Qualified: 10/09/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7200 NW 7th St Suite, Apt. #, etc.	26 7200 NW 7th St Suite, Apt. #, etc.
22 2nd Floor City & State	27 2nd Floor City & State
23 MIAMI FL Zip / Country	28 MIAMI FL Zip / Country
24 33126 25 DADE	29 33126 30 DADE

4. FEI Number: 65-0700542 ☐ 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

LEOPOLD, NORMAN
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, LOUIS O		1.2 NAME	
STREET ADDRESS	815 N. RED ROAD, SUITE 400		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, IRIS J		2.2 NAME	
STREET ADDRESS	7200 N.W. 7TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ-NUNEZ, LISETTE		3.2 NAME	
STREET ADDRESS	7200 N.W. 7TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMOS, ANDRES		4.2 NAME	
STREET ADDRESS	7200 N.W. 7TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****165.00 ****165.00

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 _____ DATE 6-24-97

CR2E034 (9/96)