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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000083725 (7)

1. Corporation Name
DENTAL MEDICAL DEPOT INC.

Principal Place of Business
3401 S.W. 24TH STREET
MIAMI FL 33145

Mailing Address
3401 S.W. 24TH STREET
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1996

2. Principal Place of Business
21 9810 NW 80 ave.Bay8-D
Suite, Apt. #, etc.
22 Bay 8- D & C
City & State
23 HIALIAH GARDENS, FL.
Zip 24 33016 Country 25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0701869
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BARBAT, SUSANA
3401 SW 24 ST
SUITE 208
MIAMI FL 33145

10. Name and Address of New Registered Agent
61 Name
M. Susana Barbat
62 Street Address (P.O. Box Number is Not Acceptable)
3401 SW 24 St.
63
Miami Fl. 33145
64 City **FL** 65 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 M Susana Barbat President
Signature, type or print 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBAT, SUSANA		1.2 NAME	P	
STREET ADDRESS	8410 WEST FLAGLER ST. SUITE 208		1.3 STREET ADDRESS	M. Susana Barbat	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	3401 SW 24 St. MiAMI Fl. 33145	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SONIA, MARTINEZ		2.2 NAME	V-P	
STREET ADDRESS	3401 S.W. 24TH ST		2.3 STREET ADDRESS	Cristina Canals	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	250 N. 70 Ave Pembroke Fl.33124	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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	900001257211-153	
STREET ADDRESS			6.3 STREET ADDRESS	-06/25/98-01034--001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***158.75	

6.24

CR2E034 (10/97)

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: M Susana Barbat President 6/24/98 (305) 826-4700