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
81 Name: M. Susana Barbat
82 Street Address (P.O. Box Number is Not Acceptable): 3401 SW 24 St.
83 Miami Fl. 33145
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: M. Susana Barbat President
Signature of Registered Agent or Officer or Director of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BARBAT, SUSANA	
STREET ADDRESS	8410 WEST FLAGLER ST. SUITE 208	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	ST	☐ DELETE
NAME	SONIA, MARTINEZ	
STREET ADDRESS	3401 S.W. 24TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	M. Susana Barbat	
1.3 STREET ADDRESS	3401 SW 24 St.	
1.4 CITY-ST-ZIP	MiAMI Fl. 33145	
2.1 TITLE	V-P	☐ Change ☒ Addition
2.2 NAME	Cristina Canals	
2.3 STREET ADDRESS	250 N. 70 Ave	
2.4 CITY-ST-ZIP	Pembroke Fl.33124	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	900002572148	
6.3 STREET ADDRESS	-06/25/98--01034--004	
6.4 CITY-ST-ZIP	***158.75	

JV 6.24

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 6/16/98 (305) 826-4705

CR2E034 (10/97)