


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

FILED
May 15 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 # P96000087158 (7)

1. Corporation Name
DENTAL SOLUTIONS MOBILE, CORP.



Principal Place of Business
 8405 NW 53
 B101
 MIAMI FL 33155
DENTAL SOLUTION MOBILE CORP
 8489 CORAL WAY
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24

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

3. Date Incorporated or Qualified
10/21/1996

4. FEI Number
65-0712483

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GALLETI, JULIO A
1105 S.W. 87TH AVENUE
MIAMI FL 33174

10. Name and Address of New Registered Agent
 81 Name **Aleida Castellanos**
 82 Street Address (P.O. Box Number is Not Acceptable)
3511 SW 67 Ave.
 83
 84 City **Mia.** **FL** 85 Zip Code **33155**

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 *Aleida Castellanos* DATE **4/9/98**

12. OFFICERS AND DIRECTORS

TITLE	Corporate Attorney	<input type="checkbox"/> DELETE
NAME	GALLETI, JULIO A	
STREET ADDRESS	1105 S.W. 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Onelia Castellanos DDS	
STREET ADDRESS	8489 Coral Way	
CITY-ST-ZIP	33155	
TITLE	VP/ Secretary	<input type="checkbox"/> DELETE
NAME	Aleida Castellanos	
STREET ADDRESS	3511 Sw 67 Ave. Mia., Fl	
CITY-ST-ZIP	33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Aleida Castellanos* **3/5/98** **305-856-2838**

CR20034 (10/97)