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Aug 05, 1999 8:00 am  
Secretary of State

08-05-1999 90005 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000087158

1. Corporation Name

DENTAL SOLUTIONS Mobile  
Corp.

Principal Place of Business

Mailing Address

PO Box 0812  
Key Biscayne, FL.  
33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

OCT 96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 0812

4. FEI Number

650712483

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

28 Key Biscayne, FL.

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

24 Country

29 33149

30 USA

7. Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

Loretta Castellanos  
PO Box 0812  
Key Biscayne, FL. 33149

10. Name and Address of New Registered Agent

81 Name Rita Martin DDS.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3511 SW 67 AVE  
83 Mia.  
84 City Miami 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

Loretta Castellanos

7-24-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Vice President, VP

NAME Loretta Castellanos

STREET ADDRESS PO Box 0812

CITY-ST-ZIP Key Biscayne, FL. 33155

TITLE President, P

NAME Onelia Castellanos

STREET ADDRESS 8489 Coral Way

CITY-ST-ZIP Miami, FL. 33155

TITLE Secretary, S

NAME Aleida Castellanos

STREET ADDRESS 3511 SW 67 AVE

CITY-ST-ZIP Mia, FL. 33155

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, P

1.2 NAME Rita Martin DDS.

1.3 STREET ADDRESS PO Box 0812

1.4 CITY-ST-ZIP Key Biscayne, FL. 33149

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

LORETTA CASTELLANOS 7-24-99 305-562-5586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

4/12/99

CORPORATE DETAIL RECORD SCREEN

P96000087158  
601405-90005-28  
8:21 AM

NUM: P96000087158 ST:FL ACTIVE/FL PROFIT  
FEI#: 65-0712483

FLD: 10/21/1996

NAME : DENTAL SOLUTIONS MOBILE, CORP.

CHANGED: 05/15/98

PRINCIPAL: 8489 CORAL WAY

ADDRESS MIAMI, FL 33155 US

NAME CHG: 05/15/98

RA NAME : CASTELLANOS, ALEIDA

ADDR CHG: 05/15/98

RA ADDR : 3511 SW 67TH AVENUE

MIAMI, FL 33155 US

ANN REP :

(1997) BN 02/14/97

(1998) B 05/15/98

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:



TO:

ANNUAL Report  
Filing Division  
FLORIDA STATE

OUR company

TAX # 650712483

WE did not receive  
our booklet, please  
note: we paid our  
filing for Dental Solutions  
Corp.