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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90043 003 ***158.75

DOCUMENT # P96000096196

1. Corporation Name

LORENZO PUENTES, D.D.S., P.A.

Principal Place of Business	Mailing Address
1710 S.W. 27TH AVE. SUITE 201 MIAMI FL 33145	1710 S.W. 27TH AVE. SUITE 201 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/25/1996

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

4. FEI Number
65-0713131 — Applied For / Not Applicable

5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COSGROVE, JOHN F ESQ. 201 WEST FLAGLER STREET MIAMI FL 33130	[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 _____
Signature, typed or printed 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 **PST** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **PUENTES, LORENZO D.D.S.**	1.2 NAME		
STREET ADDRESS **6387 S.W. 11TH ST.**	1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33144**	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
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		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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: *Lorenzo Puentes DDS*   04/24/99   (305) 442-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)