

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90105 038 ***150.00

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DOCUMENT # P96000098314

1. Corporation Name

JOSE & TORRES, DDS, P.A.

Principal Place of Business
7595 SW 152 AVE. APT. H106
MIAMI FL 33193

Mailing Address
7595 SW 152 AVE. APT. H106
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

65-0711883

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 16476 SW 76 Street

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33193

Country

25 USA

2a. Mailing Address

26 16476 SW 76 Street

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33193

Country

30 USA

9. Name and Address of Current Registered Agent

JOSE, MARTIN F
7595 SW 152 AVE. APT. H106
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

JOSE, MARTIN F

82 Street Address (P.O. Box Number is Not Acceptable)

16476 SW 76 Street

83

MIAMI, FL

84 City

MIAMI, FL

85 Zip Code

33193

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

TITLE DP ☐ DELETE

NAME JOSE, MARTIN F
STREET ADDRESS 7595 SW 152 AVE. APT. H106
CITY-ST-ZIP MIAMI FL 33193

TITLE DVS ☐ DELETE

NAME JOSE, NORKA T
STREET ADDRESS 7595 SW 152 AVE. APT. H106
CITY-ST-ZIP MIAMI FL 33193

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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:

MARTIN F JOSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

305 382-8950
Daytime Phone #

CR2E034 (11/98)