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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098359 (8)

MEJIDO DENTAL LAB., INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address				I (M3)160) (10 2010 B316 0011 0011 0011 0011 0011 1011 10110 1010 1010 1011 1011 1011			
12044 CW 12	COURT	12944 S.W. 133RD CC	12944 S.W. 133RD COURT							
12944 S.W. 133RD COURT MIAMI FL 33186		MIAMI FL 33186								
							RITE IN THIS	SPACE		
						3. Date Incorporated or Quali	ried		1	
	7.40	On Maritime Address			**-	12/02/1996 4. FEI Number			antion Co.	
—	ace of Business	2a. Mailing Address						oplied For		
21		Suite, Apt. #, etc.			65-0713567 Not Applicable \$8.75 Additional					
Suite, Apt. #, etc.		· · ·	· · · ·			Certificate of Status Desire	∍ X	Fee Re		
City & State		City & State			6. Election Campaign Financi	n.a	\$5.00	<u> </u>		
	,	ł	28			Trust Fund Contribution	'' ⁹	Added		
Zip	Country	Z ₀	T Co	untry	,	8. This corporation owes or ha	as paid the cu			
24	25	29	30			Personal Property Tax due		Yes [No	
24	9. Name and Address of Curre	·	1001	1		10. Name and Address of Ne				
ME				81	Name					
	JIDO, DAISY F		<u> </u>							
	44 S.W. 133RD COURT		82 Street Ad			Address (P.O. Box Number is Not Acc	eptable)			
MIA	MI FL 33186			63	 		_			
							·····			
				84	City		FL	85 Zip	Code	
44 Diverset	to the acquisions of Continue 607 Out	00 and 607 1609 Florida Ct.	atutes the	ahow	o-named	corporation submits this statement for	the nurnose (of changing it	s registered	
office or re	egistered agent, or both, in the State	e of Horida. Such change w	as authoriz	ed by	y the corp	poration's board of directors. I hereby	accept the ap	pointment as	registered	
agent. I ai	m fam iliar with, and accept the oblic	jations of, Section 607.0505,	, Florida SI	atutes	S.					
SIGNATURE	Signature typed or printed name of registined as	per and the Papple able (NOTE Registe	red Agr	ent signature	required when reinstating)	DATE		l	
12.		VD DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1	TITLE				Change	☐ Addition	
NAME	MEJIDO, RAFAEL		1.2	NAME					1	
STREET ADDRESS	12944 S.W. 133RD COURT		1.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		1.4	CITY - S	ST-ŽIP	•				
TITLE	VTD	DELETE	2.1	TITLE				Change	Addition	
NAME	MEJIDO, DAISY F L		2.2	NAME						
STREET ADDRESS	12944 S.W. 133RD COURT		2.3	STREFT	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		2. 4	CITY-	ST-ŽIP				İ	
TITLE		DELETE		TITLE	· -			Change	Addition	
NAME			3.2	NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELETE		TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP				CHY-S						
TITLE		DELETE		TITLE				Change	Addition	
NAME			1	NAME						
STREET ADDRESS					r address					
1 1				CITY-S						
CITY-ST-ZIP		DELETE		TITLE)1 - CIT			Change	Addition	
TITLE		_ vitter		NAME						
NAME					. ADODEĆĆ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4	CITY-S	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.

TUDE Maint mill

3/12/08