

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

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **996000099243**

MARRERO'S DENTAL LAB, Inc.

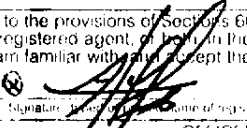
Principal Place of Business	Mailing Address
6850 SW 24St. #301 MIAMI, FL. 33155	6850 SW 24St. #301 MIAMI FL. 33155

AMENDMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12-9-96	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0716762		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GLORIA MARRERO 9678 FONTAINEBLEAU BLVD #111 MIAMI, FL. 33172		ALEJANDRO MARRERO 15015 SW 130 Ct MIAMI FL 33186	

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  (NOTE: Registered Agent's signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	GLORIA MARRERO	1.2 NAME	ALEJANDRO MARRERO
STREET ADDRESS	9678 FONTAINEB. BLVD #111	1.3 STREET ADDRESS	15015 SW 130 Ct.
CITY-ST-ZIP	MIAMI FL. 33172 ☐ DELETE	1.4 CITY-ST-ZIP	MIAMI FL. 33186 ☐ Change ☐ Addition
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE: **ALEJANDRO MARRERO** (305) 668-6060

CR2E034 (10/97)