PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000000597 9)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORF. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: BARQUINOLA DENTAL SUPPLY, CORP. AUDIT NUMBER..... H97000000597

DOC TYPE......FLORIDA PROFIT CORPORATION OR P. A.

CERT. OF STATUS. 1

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX EBT.CHARGE.. \$78.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER "M" FOR MENU, \*\*

RECEIVED
37 JAH 10 PH 4: 06
SECHEMENT STATE

1.13.97

H97000000597

## ARTICLES OF INCORPORATION

BARQUINOLA DENTAL SUPPLY, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

BARQUINOLA DENTAL SUPPLY , CORP.

The principal place of business of this corporation shall be-

1358 NW 26 ST HIAMI, FL. 33142

## ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED (500) AT \$1.00 PAR VALUE

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Propared by:Hispen-American Services, Inc. 1880 West Flagler Street Miami, FL 33135. (305)649-9782

H97000000597

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ANTONIO JOSE TOVAR M. 7950 ABBOTT AVE. APT.12-A MIAMI BAECH, FL. 33141

SAMUEL ESPINOZA 7950 ABBOTT AVE. APT. 12 -A MIAMI BEACH ,FL 33141

#### ARTICLE VI INCORPORATOR (8)

The name(s) and address(es) of the incorporator(s) to these articles of incorporation is(are):

ANTONIO JOSE TOVAR M. 7950 ABBOTT AVE, APT. 12-A MIAMI BEACH, FL 33141

OTTO ANTONIO MOLLAGAS
CALLE 5 CONTRAVERSAL 60 ,EDF.PARAGUACHON
3er. PISO APT. 3B ,MONTALVAN
CARACAS,VENEZUELA.

YARITZA YANEZ TOVAR 7950 ABBOTT AVE. AFT. 12\_A MIAMI,FL 33141

SAMUEL ESPINOZA
7950 ABBOTT AVE. APT.12-A
MIAMI, FL. 33141

IN WITHESS WHEREOF, the undersigned these Articles of Incorporation to	ed incorporator(s) has(have) executed this 1 day of 1ANNADY, 19 97
Signature(s)	of Incorporator(s)
11/19	Samuel Experson
Och the	
Enwaletower.	

H97000000597

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1, the name of the corporation			
BARQUINOLA DENTAL SUPPLY.CORP.		<u></u>	
2. The name and address of the registered agent and office is:	ESMERT	7 JAN	
SAMUEL ESPINOZA / 7950 ABBOTT AVE. APT. 12-A	<u>SS</u> -		
(P.O. BOX NOT ACCEPTABLE)		) AH	T;:
MIAMI BEACH, FL 33141	유표	9	_
(CITY/STATE/ZIP)		7.1	
SIGNATURE (comportate of the president o	ifficer)		

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Samuel Esperior

DATE 01/03/97