


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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000014470

1. Corporation Name

DANIA DENTAL, JNL.

Principal Place of Business

Mailing Address

1949 S. OAK HAVEN CIRCLE

1949 S. OAK HAVEN CIRCLE

N. MIAMI BEACH, FL 33179

N. MIAMI BEACH, FL 33179

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date incorporated or Qualified

3a. Date of Last Report

2/13/97

4. FEI Number

Applied For

65-0734183

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARLEN BERGER

1949 S. OAK HAVEN CIR

N. MIAMI BCH, FL, 33179-2834

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	12.1 TITLE <input type="checkbox"/> DELETE
NAME	12.2 NAME
STREET ADDRESS	12.3 STREET ADDRESS
CITY-ST-ZIP	12.4 CITY-ST-ZIP
TITLE	12.5 TITLE <input type="checkbox"/> DELETE
NAME	12.6 NAME
STREET ADDRESS	12.7 STREET ADDRESS
CITY-ST-ZIP	12.8 CITY-ST-ZIP
TITLE	12.9 TITLE <input type="checkbox"/> DELETE
NAME	12.10 NAME
STREET ADDRESS	12.11 STREET ADDRESS
CITY-ST-ZIP	12.12 CITY-ST-ZIP
TITLE	12.13 TITLE <input type="checkbox"/> DELETE
NAME	12.14 NAME
STREET ADDRESS	12.15 STREET ADDRESS
CITY-ST-ZIP	12.16 CITY-ST-ZIP
TITLE	12.17 TITLE <input type="checkbox"/> DELETE
NAME	12.18 NAME
STREET ADDRESS	12.19 STREET ADDRESS
CITY-ST-ZIP	12.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Joel M Berger

4/30/98

305-931-0777

CR2E034 (9/96)