

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA7000038275
1. Corporation Name IVETTE GOMEZ-BELLO, D.M.D., P.A.

Principal Place of Business Mailing Address
15490 EAST BEDLINGTON RD.
MIAMI LAKES, FL. 33014

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<u>4/29/97</u>	<u>65-0750817</u>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
IVETTE GOMEZ-BELLO
15490 EAST BEDLINGTON RD.
MIAMI LAKES, FL. 33014

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<u>FL</u>	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<u>D/P</u>	<u>IVETTE GOMEZ-BELLO</u>	<u>15490 EAST BEDLINGTON RD</u>	<u>MIAMI LAKES, FL. 33014</u>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		<u>300002722653--6</u>	<u>-12/24/98--01107--006</u>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE IVETTE GOMEZ-BELLO DATE 11/23/98

CR2E034 (5/98)

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November 5, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Thomas Bello, D.M.D., P.A.
Ivette Bello, D.M.D., P.A.

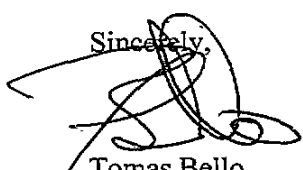
Dear Sir or Madam,

Just recently, I tried to verify the status of both my wife's and my corporation. I found that the Corporation's Annual Report had not been filed with the state for the year 1998.

We never received the Annual Report from your office. This is probably due to the fact that we are having a major mail theft problem in our area. We have enclosed a letter from our Postal Office verifying their investigation of this problem. Please excuse our delay with the payment, as it was beyond our control. Enclosed you will find a check from each corporation for the annual due of \$150.00.

If you have any further questions, please contact me or my Postal Office directly.

Sincerely,



Tomas Bello

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UNITED STATES POSTAL INSPECTION SERVICE

MIAMI DIVISION

October 23, 1998



POMAS BELLO
15490 BEDLINGTON ROAD E
HIALEAH FL 33014-2036

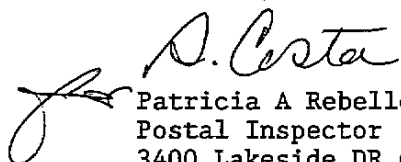
~~Dear Postal Customer:~~

The U. S. Postal Inspection Service has received for investigation your complaint regarding the theft of mail matter. Your complaint is being analyzed to develop investigative leads.

We regret any inconvenience caused by this situation. Please be assured of our continued attention to the security of mail matter while in the custody of the U. S. Postal Service.

Thank you for contacting the U. S. Postal Inspection Service.

Sincerely,


Patricia A Rebello
Postal Inspector
3400 Lakeside DR 6th FL
Miramar, FL 33027-3242
(954) 436-7200

Ref: IS9489/102/9183061