

**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

①

98 DEC 17 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
*4/29/97*

4. FEI Number *65-0750817* Applied For  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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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 *FL*

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<i>300002722653--6</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>-12/24/98--01107--006</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<i>****158.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<i>89/12/21</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

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.**

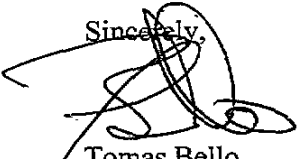
Dear Sir or Madam,

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,

A handwritten signature in cursive script that reads "Patricia A. Rebello".

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

Ref: IS9489/102/9183061