

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048798 (7)
1. Corporation Name
SAE DENTAL PRODUCTS USA, INC.



Principal Place of Business: 400 S. DIXIE HWY. S TE 320 BOCA RATON FL 33432
Mailing Address: 400 S. DIXIE HWY. S TE 320 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1622 DONNA ROAD	25	1622 DONNA ROAD	06/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
WEST PALM BEACH, FL		WEST PALM BEACH, FL		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	
23	Zip	28	Country		
24	33409	29	PALM BEACH		
25	PALM BEACH	30	PALM BEACH		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GESCHEIDT, RICHARD A 400 S. DIXIE HWY., S TE 320 BOCA RATON FL 33432				81 Name ACHIM RENNER			
				82 Street Address (P.O. Box Number is Not Acceptable) 1622 DONNA ROAD			
				83			
				84 City WEST PALM BEACH FL			
				85 Zip Code 33409			

11. Pursuant to the provisions of Sections 607.0102 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 *Richard A. Gescheidt* *Achim Renner* 4-9-98
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GESCHEIDT, RICHARD A			1.2 NAME			
STREET ADDRESS	400 S. DIXIE HWY., S TE 320			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-ST-ZIP			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACHIM RENNER			2.2 NAME			
STREET ADDRESS	1622 DONNA ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33409			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			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	0000024930811 Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	-04/20/98--01001--030		
STREET ADDRESS				6.3 STREET ADDRESS	***150.00		
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 *Richard A. Gescheidt* *Achim Renner* 4-9-98 561-626-4101

CR2E034 (10/97)