

FILED

May 22 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA70000063953
 1. Corporation Name: **Dental Lab USA, Inc.**

Principal Place of Business: **2199 NW 22 Ave, suite 2**
 City: **Miami, FL 33142**

DO NOT WRITE IN THIS SPACE

21. State App # etc	26. Mailing Address
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

3. Date Incorporated or Qualified	Applied For
7-24-97	Not Applicable
4. FEI Number	
65-0775693	
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
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Jazmin E. Torres
2199 NW 22 Ave, suite 2
Miami, FL 33142

10. Name and Address of New Registered Agent

61. Name
62. Street Address (P.O. Box Number is Not Acceptable)
63. City
64. City
65. 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Jazmin E. Torres* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
Pres - Treas.	Jazmin E. Torres	2199 NW 22 Ave, ste 2	Miami, FL 33142
V-Pres - Sec.	Adela M. Fernandez	7499 W 33 LANE	Hialeah, FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY, ST, ZIP
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY, ST, ZIP
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY, ST, ZIP
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY, ST, ZIP
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY, ST, ZIP
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY, ST, ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reflected on the 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 manager 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 of this filing, or on an attachment thereto with an address.

SIGNATURE: *Jazmin E. Torres* (305) 324-9945