

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 31 PM 3:57

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 # 1 P97000086655
1. Corporation Name
Dental Express Dentists, D.D.S., P.A.

Principal Place of Business Mailing Address

3932 NW 201st
Opa Locka, FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 8, 1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Elsa Cortorreal, D.D.S.
3932 NW 16th Street
Miami, FL 33054

81 Name Maria A. Rodriguez, DMD
82 Street Address (P.O. Box Number is Not Acceptable)
83 3934 SW 8th Street, Ste. 205
84 City Coral Gables FL 85 Zip Code 33134

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.

X SIGNATURE Elsa Cortorreal (Old reg. agt.) Maria A. Rodriguez (New reg. agt.) 12-8-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Board of Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Board of Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elsa Cortorreal, D.D.S.	1.2 NAME	Maria A. Rodriguez, DMD
STREET ADDRESS	3932 NW 16th Street	1.3 STREET ADDRESS	3934 SW 8th Street, Ste. 205
CITY-ST-ZIP	Miami, FL 33054	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	600002730966--9
STREET ADDRESS		2.3 STREET ADDRESS	-01/05/99--01086--016
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****150.00 ****150.00
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	<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: X Elsa Cortorreal (Outgoing ofr.) Maria A. Rodriguez (Incoming ofr.) 12-8-98
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)



November 17, 1998

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

Ladies & Gentlemen:

We received the Notice of Administrative Dissolution or Revocation packet second request packet from you for failure to file filing fee for corporations. This is the first time we received said report. We respectfully request that you waive the \$750 reinstatement fee.

We are enclosing a check in the amount of \$150 for the filing fee.

Sincerely,

A handwritten signature in cursive script that reads "Flora Johnson".

Flora Johnson
Executive Secretary