

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089141

1. Corporation Name

KIA DENTAL GROUP, INC.

Principal Place of Business

2225 NORTHWEST 103RD STREET
MIAMI FL 33169

Mailing Address

2225 NORTHWEST 103RD STREET
MIAMI FL 33169

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90006 047 *****8.75

05-14-1999 90006 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number
65-0787695

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 the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME SHYAM, SUJIT
STREET ADDRESS 2225 NORTHWEST 103RD STREET
CITY-ST-ZIP MIAMI FL 33169 ☒ DELETE

TITLE D
NAME ARNOLD, DORIS
STREET ADDRESS 2225 NORTHWEST 103RD STREET
CITY-ST-ZIP MIAMI FL 33169 ☒ DELETE

TITLE D
NAME BAZZANO, NORA
STREET ADDRESS 2225 NORTHWEST 103RD STREET
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE D
NAME BEDOYA, REUBEN
STREET ADDRESS 2225 NORTHWEST 103RD STREET
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Victor Matute
1.3 STREET ADDRESS 2225 N.W. 103 St
1.4 CITY-ST-ZIP Miami, FL 33147 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Samuel Cleare
2.3 STREET ADDRESS 2225 N.W. 103 St
2.4 CITY-ST-ZIP Miami, FL 33147 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)