

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092080

1. Corporation Name

BISONO'S DENTAL SOLUTIONS, INC. ✓

Principal Place of Business

5115 SW 4 STREET
MIAMI FL 33134

Mailing Address

5115 SW 4 STREET
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0790967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3780 NW SOUTH

Suite, Apt. #, etc.

22 RIVER DR.

City & State

23 MIAMI

Zip

24 FL

Country

25 33142

2a. Mailing Address

26 3780 NW SOUTH RIVER

Suite, Apt. #, etc.

27 DRIVE

City & State

28 MIAMI FL

Zip

29 33142

Country

30 DATE

9. Name and Address of Current Registered Agent

DE JESUS BISONO, MANUEL
5115 SW 4 STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

JOSE V. ABREU

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

12731 NW 103 AVE

83

84 City

HIALEAH GARDENS FL

85 Zip Code

HIALEAH GNS FL

33018

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 site if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DE JESUS BISONO, MANUEL	
STREET ADDRESS	5115 SW 4 STREET	
CITY-ST-ZIP	MIAMI FL 33134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE V. ABREU	
1.3 STREET ADDRESS	12731 NW 103 AVE	
1.4 CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE MARCO	
2.3 STREET ADDRESS	610 ELAINE DR	
2.4 CITY-ST-ZIP	BRANDON, FL 33511	

3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DE JESUS BISONO MANUEL	
3.3 STREET ADDRESS	5115 S.W. 4 ST.	
3.4 CITY-ST-ZIP	MIAMI FL 33134	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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. I am attaching with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-99 305-633-2733
 Date Daytime Phone

CR2E034 (11/98)