## 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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098277 (1)

DENTI CLINIC SUPPLY, INC.

FILED
Sep 25 1998 8:00am
Secretary of State



6551 ARLEIGH COURT #103			I	
	6551 ARLEIGH COURT #103			
BOCA RATON FL 33433	BOCA RATON FL 33433		DO HOT WOLTE IN THE OPA	05
			DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	ICE
			11/18/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	X Applied For
21	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<b>B.75</b> Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	5.00 May Be
23	28			Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current y	
24 25	29	30	Personal Property Tax due June 30. Yes	
9. Name and Address of Curre		1 - 7 1	10. Name and Address of New Registered Agen	ıt
HUERTAS, JORGE MARIO		81 Name		
6551 ARLEIGH COURT #103		82 Street Add	roop (D.O. Boy Number in Not Acceptable)	
BOCA RATON FL 33433		62 Street Audi	ress (P.O. Box Number is Not Acceptable)	
		83		
		84 City	FL  85	Zip Code
11. Pursuant to the provisions of sections 607 050	12 and 607 1508. Florida Statute	s the above-named corno	ration submits this statement for the purpose of changin	
agent. I am familiar with, and accept the oblig	pations of, section 607.0505, Flo	rida Statutes.	on's board of directors. I hereby accept the appointmen	it as registered
SIGNATURE Signature, typod or printed name of registered age	and title if applicable (NC	TE Registered Agent signature req	uired when reinstating) DATE	
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE PD	DELETE	1,1 TITLE		Change Addition
IAME HUERTAS, JORGE MARIO		1.2 NAME	<del></del>	·
STREET ADDRESS 6551 ARLEIGH COURT #103		1.3 STREET ADDRESS		
BOCA RATON FL 33433		1.4 CiTY-ST-ZIP		
ITLE VPSD	DELETE	2.1 THILE	Пс	Change Addition
ME MONSALVE, GLORIA LUCIA		2.2 NAME		mange
STREET ADDRESS 4304 PALM FORREST DRIVE NORTH		23 STREET ADDRESS		
DEL REY FL 33445		2.4 CITY-ST-ZIP		
ITLE	DELETE	3.1 TITLE		hange Addition
NAME.	LJ DEEE IE	3.2 NAME		mange Rodition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-\$1-ZIP		
TITLE	DELETE	4 1 TITLE	П	hange Addition
NAME	( ) DELETE	4.2 NAME	<u>ب</u>	mange [] Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
ITLE	DELETE	5.1 TITLE	٠ ا	hange Addition
NAME		5.2 NAME	10000264999	
STREET ADDRESS		5 3 STREET ADDRESS	-09/28/9801068 <b>00</b> 2	T
CITY-ST-ZIP		5.4 CHTY-ST-ZIP	***150,00	
TITLE	DELETE	6.1 TITLE		hange Addition
NAME		6.2 NAME		15
STREET ADDRESS		6.3 STREET ADDRESS		1
				<i>a-2</i> 5
CITY-ST-ZIP		6.4 CITY-ST-ZIP		1.00

Denti Clinic Supply, Inc. 6551 Arleigh CT # 103 Boca Raton, Fl 33433

September 9/1998

Florida Department of State Division of Corporations Annual Reports filings PO Box 1500 Tallahassee, Fl 32302

To whom it may concern:

Enclosed is our check # 147 for the amount of \$ 150 which covers the balance due for one year. We have never received the first notice; what we have received is a second notice asking for an outrageous amount. Since we just incorporated in November 18/1997 we believe this payment of \$ 150 will bring our account up to date. If you are not in accordance with this payment, please notify us as soon as possible.

Sincerely

Jorge Mario Huerras. PD