SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO.REINSTATE: \$750). APPHOLICIA ¹ PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 NOV ZZ PH 4: 34 DOCUMENT # f97000109114 SECRETARY OF STATE TALLAHASSEE, FLORIDA APO ORTHODONTIC AND DENTAL LAB., INC. Principle Published Business Mailing Address 2125 AMAPOR PL. 274 WILSHIRE BLVD, SUITE 231 DO NOT WRITE IN THIS SPACE OVIEDO , FL 32765 CASSILBERRY FL 32707 3. Date Incorporated or Qualified JAN. 4. FEI Number 2. Principal Fila F of Business 2a. Mailing Address Applied For 1 274 WILSHIRE BLUD. 2125 59- 3490985 AMADOR PL 26 Not Applicable State, Apt. # letc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing OVIEDO CASSFL BERRY, Country Trust Fund Contribution Added to Fees 8. This corporation owes the current year 32765 Yes Intangible Personal Property. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OUANO VELOSO RIGO BERTO MANUEL Street Address (P.O. Box Number is Not Acceptable)
2 | 2 | 5 | AMAPOR | PL . RIGOBERTO MANUEL OUAND VELOSO 84 City OVIEDO FL 32765 FL 85 32765

11 Pursuant to the provisions of sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this stalement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent fam familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Means Indiana RIGOR FORT MANUE. Manufacture of registers agent and the a applicable

(NOTE Registered Agent signature required use PRISIDENT, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. 7 CULTUTE 15 5 4 Change Addition 12/03/93 01005 004 +***150.00 ****150.00 1.1 TITLE 1:10 PRESIDENT DELETE CR2E034 RIGUBERTO MANUEL OUANO VELOSO 1.2 NAME 2125 AMADOR PL. OVIEDO FL 32769 VICE - PRESIDENT 13 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition 2 1 TITLE DELETE MELANIE VELOSO 2125 AMAROR PL. 2 3 STREET ADDRESS OVIEDO 17 1 32765 2.4 CITY-ST-ZIP 10.5 DELETE 3 1 TITLE Change Addition SECRITARY NAM 3.2 NAME RIEUBERTO MANUEL OUAND VELOSO STEEL LADVE A 3 3 STREET ADDRESS 2125 AMADOR PL. OVIEDO , 76. 32765 3 4 CITY-ST-ZIP DELETE Change Addition TREASURER MELANIE VELOSO 2129 AMADUR PL. 51-514, 400 4.3 STREET ADDRESS 0045120 OVIEDU IFU 32765 4 4 CITY-ST-ZIP 14.7 DELETE 5 1 TITLE Change Addition 5.2 NAME State of M. 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP , F DELETE 6 1 TITLE ____ Change ____ Addition nave 62 NAME 63 STREET ADDRESS 6.4 CITY-ST-ZIP 14 Thereby centry 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 and that any signature shall have the same legal effect as if made under oath; that I am an other 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 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 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 the corporation of the PARAMUM VELOSO OCT. 129 199 (401)977-6105 SIGNATURE:



November 15, 1999

M. Milligan Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Dear Madam:

As per our telephone conversation, I am sending you the completed corporate annual report. We failed to received previously mailed copies of this form. To ensure that we receive future correspondence from your office, please send them to this address: Mr Manuel O. Veloso III at 2125 Amador Place, Oviedo, FL 32765. Also enclosed are a copy of your letter and a check for One Hundred and Fifty Dollars (\$150.00).

Thank you for your help.

Sincerely,