PROFIT **→ CORPORATION** ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

. Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90204 042 ***150.00

DOCU	MENT # P98000	031259	•		
1. Corporation Name PAPILLON DENTAL, INC.					
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Principal Place	e of Business	Mailing Address			•••
1621, NW 62 TE		1621 NW 62 TERRACE		Ì	•
MARGATE FL 3	3063	MARGATE FL 33063		DO NOT WRITE IN THIS !	SPACE .
				3. Date Incorporated or Qualifed	
				04/06/1998	
	lace of Business	2a. Mailing Address	-4L A	4. FEI Number	Applied For
21 4025	s.w 15-5x	26 4025 5.W	1526	65-0825 174,	Not Applicable
Suite, Apt.	· · -	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 € 2.		27 € 202 .		- 6. Election Campaign Financing	\$5.00 May Be
City & State	" - F-1	28 POMPANO	FL	Trust Fund Contribution	Added to Fees
Zlo	Country	Zio	Country	8. This corporation owes the current year Inta	angible
24 T 3 3 (069 25 0.54	29 33069 30	U.SA	Personal Property Tax.	Yes ZNo
=:L	9. Name and Address of Curren	t Registered Agent		to. Name and Address of New Registered A	\gent
41.5	DI AMMED		81 Name		
	RILAWYER ALMERIA AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134				
CON	ME GRADETO I E 33134		83	·	
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was auth-	the above-named co	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	changing its registered tment as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607 0505. Florida	Statutes.		
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SIGNATURE	They Bre	. 00-4 ~			
SIGNATURE	Signature, typed or printed name of registered ages	nt and title II applicable. (NOTE: Re-	gistared Agent signature req		
SIGNATURE	Signature, typed or printed name of registered ages	. 00-4 ~	gistered Agent signature 190	uired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered ages	n and ide is applicable. (NOTE: Re-	gistered Agent signature req	uired when reinstating) DATE	\ \
SIGNATURE 12.	Signature, typed or printed name or registered ages OFFICERS AN PTD DELGADO, IDANIA 1621 NW 62 TERRACE	n and ide is applicable. (NOTE: Re-	13.	uired when reinstating) DATE	\ \
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am ar 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.