

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

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90012 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000088238

1. Corporation Name

Dental Lakes Services, Inc.

Principal Place of Business

Mailing Address

15-A West Canal Street North  
Suite B  
Belle Glade, Florida 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/98

2. Principal Place of Business

2a. Mailing Address

21 15-A West Canal Street N.

26 15-A West Canal Street N.

4. FEI Number

65-0874778

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Belle Glade, FL.

28 Belle Glade, FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33430

25 USA

29 33430

30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Drumnia Maquez  
15-A West Canal Street N.  
Suite B  
Belle Glade, FL. 33430

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

Drumnia Maquez Registered Agent

5-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE  
NAME Drumnia Miquez  
STREET ADDRESS 145-S US Highway 27  
CITY-ST-ZIP South Bay, FL. 33493

1.1 TITLE SD 49% Shareholder ☒ Change ☐ Addition  
1.2 NAME Drumnia Miquez  
1.3 STREET ADDRESS 15A West Canal Street N.  
1.4 CITY-ST-ZIP Suite B, Belle Glade, FL. 33430

TITLE VD ☒ DELETE  
NAME Adriano De Cardenas  
STREET ADDRESS 145-S US Highway 27  
CITY-ST-ZIP South Bay, FL. 33493

2.1 TITLE VD 51% Shareholder ☒ Change ☐ Addition  
2.2 NAME Adriano De Cardenas  
2.3 STREET ADDRESS 15-A West Canal Street N.  
2.4 CITY-ST-ZIP Suite B, Belle Glade, FL. 33430

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Drumnia Maquez Secretary Pres

5-18-99 (305) 477-2750

CR2E034 (11/98)