

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

FILED

92 JUN 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088238

1. Corporation Name

DENTAL LAKE SERVICES, Inc.

Principal Place of Business

Mailing Address "same as below"

15-B WEST CANAL STREET NORTH
BELLE GLADE, FL. 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

65-0874778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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	2a. Mailing Address
21 15-B W. Canal St. N.	26 15-B West Canal St. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Belle Glade, Fl.	28 Belle Glade, Fl.
Zip	Zip
24 33430	29 33430
Country	Country
25 U.S.A.	30 U.S.A.

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
23 Belle Glade, Fl.	28 Belle Glade, Fl.
Zip	Zip
24 33430	29 33430
Country	Country
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUMNIA MAIQUEZ
15-B West Canal Street North
Belle Glade, Florida 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	SECRETARY-D
STREET ADDRESS	DOMNIA MIQUEZ
CITY-ST-ZIP	145-S. US Highway 27
	South Bay, Fl. 33493
TITLE	NAME
NAME	VD
STREET ADDRESS	ADRIANO DE CARDENAS
CITY-ST-ZIP	145-S U.S. HIGHWAY 27
	South Bay, Fl. 33493
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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 MAIQUEZ PSD 6/23/99 (561)993-5006

CR2E034 (11/98)