FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
May 13, 1999 8:00 am
Secretary of State**

05-13-1999 90032 046 ***150.00

DOCUMENT # P98000090829

1. Corporation Name

Alvaro J. Ordonez, D.D.S., P.A.

549278 - 90032 - 46

Principal Place of Business

144 N.E. 43rd St.
Miami, FL 33137

Mailing Address

144 N.E. 43rd St.
Miami, FL 33137

3. Date Incorporated or Qualified 10-26-98

3a. Date of Last Report

4. FEI Number 65-0880829 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**4.** FEI Number 65-0880829
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State `23`	City & State `28`	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip `24`	Country `25`	Zip `29`	Country `30`	**8.** This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Alvaro J. Ordonez
144 N.E. 43rd St.
Miami, FL 33137

10. Name and Address of New Registered Agent

`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

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME Alvaro J. Ordonez	1.2 NAME	
STREET ADDRESS 144 N.E. 43rd St.	1.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL 33137	1.4 CITY-ST-ZIP	
TITLE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4-30-99 305-273-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alvaro J. Ordonez, President