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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000097404

1. Corporation Name

NEXT LEVEL DDS INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90078 022 ***150.00



Principal Place of Business		Mailing Address									
C/O DOUGLAS DESOUZA		C/O DOUGLAS 🚜. DESOUZA									
1125 WEST AVE STE. 302 MIAMI BEACH FL 33139		1125 WEST AVE., STE. 302				DO NOT WRITE IN THIS SPACE					
MIAMI BEACH	FC 33139	MIAMI BEACH FL 33139				3 Date Incorpor	3. Date Incorporated or Qualifed				
}					Ē	11/19/199				1	
2. Principal Place of Business 2a. Mailing Address						4 CEL Manuface		TXI A	pplied For	+	
21		26	-				5-090 1205		lot Applicable	4	
Suite, Apt. #, etc.		Suite, Apt. #, etc. :=			·	The second secon			Additional	-	
22		27				5. Certifcate of S	tatus Desired		Required		
City & State		City & State				6. Election Camp	paign Financing	\$5.00	May Be	1	
23		28			Trust Fund Co			to Fees	ł		
Zip	Country	Zip Coun				8. This corporation	on owes the current year i	ntangible		1	
24	25	29 30				Personal Prop	•	ŬYes	□No	ļ	
	9. Name and Address of Current	Registered Agent				10. Name and Ad	Idress of New Registere	d Agent		1	
A00					Name		- · · · -		.,	7	
DESOUZA, DOUGLAS				82 Street Address (P.O. Box Number is Not Acceptable)							
	5 WEST AVE., STE. 302		84			2 Street Address (F.O. Box Number is Not Acceptable)					
MIA	MI BEACH FL 33139									1.	
					0:4				0-4-	4	
į				84	City		F	L 85 Zip	Code	1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	a Statutes, the	above	-named	corporation submits this s	tatement for the purpose	of changing it	s registered	1	
office or i	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such chang	e was authorize	ed by t	he corpo	oration's board of directors	s. I hereby accept the app	ointment as r	egistered		
,	in lamina min, and accept the obligate	110 01, 00011011 007.0	Joo, Florida Que	attitos.				•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	(NOTE: Register	ed Agent	signature re	equired when reinstating)	DATE	4		1.	
12.	OFFICERS AND	DIRECTORS	13	J		ADDITIONS/CH	IANGES TO OFFICERS A	ND DIRECT	ORS IN 12	1	
TITLE	President	☐ DE	ETE 1.1	1.1 TITLE				☐ Change	☐ Addition	1 :	
NAME	Douglas DeSouza	12 N		1.2 NAME							
STREET ADDRESS	1125 West Ave., Suite 30		1.3 STREET AD		ADDRESS					J	
CITY-ST-ZIP	Miami Beach, FT.			CITY-ST-	ZIP			•			
TILE		DE	ETE 2.1	TITLE			****	Change	Addition	1 ;	
NAME			2.2	NAME	ł						
STREET ADDRESS			2.3	STREET	ADDRESS						
CITY-ST-ZIP	2:40		CITY-ST	-ZIP -	management of the state of the State of				1		
TILE				TITLE				☐ Change	☐ Addition	1=	
NAME	-		NAME]							
STREET ADDRESS			3.33	3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. CITY-ST-ZIP						1	
TITLE		□ DEI		TITLE				Change	Addition	1	
NAME			4.2	NAME				·= -	_	1	
STREET ADDRESS	·			4.3 STREET AD						1	
CITY-ST-ZIP				4.4 CITY+\$T-ZIP						İ	
TITLE		☐ DEI		TITLE				Change	Addition	1	
NAME				VAME				-	_	}	
STREET ADDRESS			5.3 8	STREET A	ADDRESS						
CITY-ST-ZIP		÷	5.4 (CITY-ST-	ZIP					1	
TITLE		☐ DEL		ITLE	-+		·	Change	Addition	1	
NAME	•			6.2 NAME						{	
STREET ADDRESS					ADDRESS					}	
CITY-ST-ZIP				6.4 CITY-ST-ZIP							
OK 1.01.71					}					1	

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 frue 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 withfall other like empowered.

SIGNATURE: