FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **S03182** **(0)**

1. Corporate Name

KING DENTAL CORPORATION

Principal Place of Business		Mailing Address		
~~10544 N. W. 26TH STREET~~ ~~SUITE 203~~ ~~MIAMI FL 33172~~	7104 N W 72 Ave Miami, Fl 33166	~~10544 N. W. 26TH STREET~~ ~~SUITE 203~~ ~~MIAMI FL 33172~~	7104 N W 72 Ave Miami, Fl. 33166	

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **09/13/1990**	3a. Date of Last Report: **01/31/1994**	
4. FEI Number: **65-0230409**		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 has been authorized to do business in Florida Statutes [ ] Yes [ ] No		

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip	County
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

BRIGGS, JAIME F.
~~10544 N. W. 26TH STREET~~
~~SUITE 203~~
~~MIAMI FL 33172~~
9631 Fontainebleau Blvd
Apt. 606
Miami, Fl 33172

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 Section 607.1622, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, OR DELETIONS
Title: D Name: BRIGGS, JAIME F. Address: 9000 SW 122ND PL, #308 City, State, Zip: MIAMI FL	[ ] Change [ ] Addition
Title: D Name: JARAMILLO, HERNAN Address: 8535 BYRON AVE., #9 City, State, Zip: MIAMI FL	[ ] Change [ ] Addition
Title Name Address City, State, Zip	[ ] Change [ ] Addition
Title Name Address City, State, Zip	[ ] Change [ ] Addition
Title Name Address City, State, Zip	[ ] Change [ ] Addition
Title Name Address City, State, Zip	[ ] Change [ ] Addition

14. To the best of my knowledge, the information supplied with the filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: Jaime F. Briggs 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date

0196149 CP