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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03182

(0)

KING D	DENTAL CORPORATI	ION				
Principal Place	e of Business	Mailing Addre	SS		{ 18811010 111 00100 11X61 17001 10110 1101 0	HOUR EIGHT OFDIE BEETT BEGIE OFDIE HODE
7104 NW 72 AVE. 7104 NW 72 AVE. SUITE 203 SUITE 203 MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE	
US		U\$			3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2e. Mailing Ad	dress		09/13/1990 4. FEI Number	Applied For
21		26	<u>}~</u> 1		65-0230409	Not Applicable
Suite, Apt. W, etc.		Suite, Apt	Suite, Apt #, etc.			\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zun	Country	28] Zip		ountry	Trust Fund Contribution	Added to Fees
Zip	25	29	30	ountry	8. This corporation owes or has paid Personal Property Tax due June 30	
271		of Current Registered Agen		T	10. Name and Address of New Regis	
BR	IGGS, JAIME F.			81 Name		
	31 FONTAINEBLEAU BL	.VD.			2 Street Address (P.O. Box Number is Not Acceptable)	
	T. 606			83		
MV	AMI FL 33172			63		
				84 City		FL 85 Zip Code
office or r	to the provisions or Section	is 607.0502 and 607.1506, ric	rida Statutes, irie	ароуе-патнес с	corporation submits this statement for the purp	pose of changing its registered
SIGNATURE	Signature, lyped or printed research of r	the obligations of, Section 60 repaired agent and title # applicable CERS AND DIRE CTORS		ered Agent signature in	corporation submits this statement for the pur oration's board of directors. I hereby accept to equired when reinstaling) ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or persied reason of a OFF II	registered agent and title if applicable CERS AND DIRECTORS	(NOTE: Register	ered Agent signature in	equired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typied or persied name of r OFF to D BRIGGS, JAIME F.	registered agent and trib # Applicable CERS AND DIRECTORS	(NOTE: Register 13 DELETE 1.1 1.2	red Agent signature in I. TITLE	equired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, hysiod or persent name of the OFF III D BRIGGS, JAIME F. 9000 SW 122ND PL,	registered agent and trib # Applicable CERS AND DIRECTORS	(NOTE: Register 13 DELETE 1.1 1.2 1.3	red Agent signature of the control o	equired when reinstaling) ADDITIONS/CHANGES TO OFFICER BRIGGS, CARLOS E 3440 Bouth East Fo	DATE AS AND DIRECTORS IN 12 Change Addition Airway Coks Trial
SIGNATURE 12. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or persent rame of the OFF to D BRIGGS, JAIME F. 9000 SW 122ND PL, MIAMI FL	registered agent and title # Applicable CERS AND DIRECTORS	(NOTE: Register 13 DELETE 11 12 1.3	red Agent signature of TITLE A NAMA STREET ADDRESS CITY-ST-ZIP	equired when reinstaling) ADDITIONS/CHANGES TO OFFICER BRIGGS, CARLOS E 3440 Bouth East Fo	DATE AS AND DIRECTORS IN 12 Change Addition Airway Coks Trial
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, hysiod or perstant name of the D BRIGGS, JAIME F. 9000 SW 122ND PL, MIAMI FL D JARAMILLO, HERNAI	registered agent and title of applicable CE RS AND DIRECTORS #308	(NOTE: Register 13 DELETE 1.1 1.2 1.3 1.4 DELETE 2.1 2.2 2.3 2.4	TITLE ANDRESS CITY-ST-ZIP TITLE NAME ANDRESS CITY-ST-ZIP TITLE NAME ANDRESS CITY-ST-ZIP TITLE NAME ANDRESS I CITY-ST-ZIP	equired when reinstaling) ADDITIONS/CHANGES TO OFFICER BRIGGS, CARLOS E 3440 Bouth East Fo	DATE TS AND DIRECTORS IN 12 Change Aradilion Airway Coks Trial Thange Addition ANC #304 33428
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64 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 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 recoiver 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

MANON THE OF SHIPE WAY OF ANNUAL OFFICER OF

19/98 (305)

FILED

Mar 13 1998 8:00am

Secretary of State

(305)885-9996

3R2E034 (10/97)