FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15297** **(2)**

1. Corporation Name

AMERICAN DENTURE CENTER, INC.

Principal Place of Business	Mailing Address
7162 PEMBROKE ROAD **MIRAMAR FL 33023**	**7162 PEMBROKE ROAD** **MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/16/1990	**02/15/1994**

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

4. FEI Number **65-0228509** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARONA, JOSEPH A. **7162 PEMBROKE ROAD** **MIRAMAR FL 33023**	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 (if new) and agree to comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
01 TITLE	VD	01 TITLE	☐ Change ☐ Addition
02 NAME	QUEZADA, GUSTAVO	02 NAME	
03 STREET ADDRESS	1699 NW 8TH STREET	03 STREET ADDRESS	
04 CITY ST ZIP	BOCA RATON FL	04 CITY ST ZIP	
05 TITLE	STD	05 TITLE	☐ Change ☐ Addition
06 NAME	QUEZADA, MARIA	06 NAME	
07 STREET ADDRESS	1699 NW 8TH STREET	07 STREET ADDRESS	
08 CITY ST ZIP	BOCA RATON FL	08 CITY ST ZIP	
09 TITLE	PD	09 TITLE	☐ Change ☐ Addition
10 NAME	GARCIA, PRIMITIVO	10 NAME	
11 STREET ADDRESS	10841 W. FLAGLER STREET	11 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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 1 or Block 2 in regard to any changes.

SIGNATURE: [signature] 5-5-95 (305) 454-1196

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084343 CP