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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

FILED Mar 10 1998 8:00am Secretary of State

DOCUMENT # S42545 (1) MARLON PASQUIER, D.D.S., P.A. Principal Place of Business 7155 W. FLAGER STREET Mailing Address 7155 W. FLAGER STREET						
MIAMI FL 33144 US		MIAMI FL 33144 Us		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address		04/01/1991 4, FEI Number	TA	pplied For
1		26		65-0250619		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State	0	City & State		6. Election Campaign Financing		equired May Be
3	-	28		Trust Fund Contribution		to Fees
Zip	Country	Z (p)	Country	8. This corporation owes or has paid the c	current year In	tangible
<u>. </u>	25	29	30	Personal Property Tax due June 30.] No
	9, Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent	
	SQUIER, MARLON 55 W. FLAGLER ST.					
	AMI FL 33144		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
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			84 City		. 85 Zip	Code
			194 0	F	L	0000
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SIGNATURE	Signature, typed or poeled name of tegestered a	aged and title if applicable (I	NOTE: Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing i ppointment as ND DIRECTOR	RS IN 12
iignature 2. Itle	Signature, typed or protein name of registered a OFFICERS AI	agent and title it applicable [1]	NOTE: Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstaling) DATE	of changing i ppointment as	RS IN 12
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4. I horsely contribute information supplied with this filing door, not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the dompt ration in the received or trustee dispowered to execute this upon as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if disringed, only non an attack ment with an address.

SIGNATURE:

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