FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT EL ORIDA DEPARTMENT DE STATÉ CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)DOCUMENT # Corporation Name MAGIC DENTAL LABORATORY, INC. Mailing Address Principal Place of Business 232 SHORT AVENUE 232 SHORT AVENUE LONGWOOD FL 32750 LONGWOOD FL 32750 3a. Date of Last Report 3. Date Incorporated or Qualified 05/23/1991 05/01/1995 Applied For 2a. Madino Address 2. Principal Piace of Business 59-3074458 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Saite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Elorida Statutes ☐ Yes 【XNo 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **VELAZQUEZ, RAUL** Street Address (P.O. Box Number is Not Acceptable) 232 SHORT AVE 83 LONGWOOD FL 32750 City Zip Code 84 11. Pursuant to the provisions of Sections 697.0502 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. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE: (NOTE: Regulated LAge 1 signature required when re-rotating) Signature, by edioxiportic filterium frequirementa per Landitible chappinal in ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1111.6 TITLE VELAZQUEZ, RICARDO 1.2 NAME NAME 232 SHORT AVENUE 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 1.4 CITY - \$1 - ZIP CITY - ST - ZIP ☐ Change ☐ Addition DELETE 2 1 T TLE DILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - \$1 - ZiP CITY-SI-ZIF ☐ Addition DELETE 3 1 THE Ti Ti F 3.2 NAME NAME 3.3 STREET ADDRESS STHEET ADDRESS 3.4 C/TY - S1 - Z/P CITY-ST-ZIP ☐ Addition DELETE 4 11 LE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ncitibbA [DELETE 5 1 TITLE T:TEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7iP CITY-ST-ZIP Addition DELETE 6 1 HILE TITLE 6.2 NAME NAME 6.3 STREET ADOPESS STREET ADDRESS 6.4 CITY - ST - ZIP 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 corporation fir 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 or changed, or on an attachment with an ardress.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING

Ricardo VELAZQUEZ 4-30-46

CR2E034 (12/95)