

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 16 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **S77950**

(1)

1. Corporation Name

J & R DENTAL STUDIOS, INC.

Principal Place of Business

12460 SW 8TH ST
SUITE 205
MIAMI FL 33184

Mailing Address

12460 SW 8TH ST
SUITE 205
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0272103

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE
12460 SW 8TH ST
SUITE 205
MIAMI FL 33184

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the individual)

NOTE: Registered Agent signature required when new change

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIPD
RODRIGUEZ, JOSE
12460 SW 8TH ST #205
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPD
FRANCO, ROSA
12460 SW 8TH ST #205
MIAMI FL21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIPChange ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP☐ Change ☐ Addition

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)