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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	OCUMENT	#	S84322
1.	Corporation Name		OO IOLL

E. APONTE DENTAL OFFICE, INC.

Principal Place of Business Mailing Address FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90050 024 \*\*\*150.00



Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sign  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sign  Country  All Name and Address of Current Registered Agent  DE APONIE, ESPERANZA LARA  20043 N.W. 64TH PLACE  MINAME EN COUNTRIBER OF CO	\$8.75 / Fee Re \$5.00 Added Intangible Yes d Agent	Code
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. FEI Number 2. FEI Number 2. FEI Number 2. 65-0288277  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. Sip 2. Country 3. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent  DE APONIE, ESPERANZA LARA 20043 N.W. 64TH PLACE 4. FEI Number 65-0288277  5. Certificate of Status Desired 6. Election Campaign Financing 1. Trust Fund Contribution 1. Name and Address of New Registered 1. Special Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Accept	\$8.75 / Fee Research St.00 Added Intangible Yes d Agent Provided By St.	ot Applicable Additional equired May Be to Fees  No
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Trust Fund Contribution  Zip Country Zip Country  28 Trust Fund Contribution  8. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent  DE APONIE, ESPERANZA LARA 20043 N.W 64TH PLACE MOVED  MIAMI EL 33015  NEW ADDRESS  83  Trust Fund Contribution  8 This corporation owes the current year in Personal Property Tax.  8 This corporation owes the current year in Personal Property Tax.  8 This corporation owes the current year in Personal Property Tax.  8 Name SERANZA LARA 8 Street Address (P.O. Box Number is Not Acceptable)  8 Street Address (P.O. Box Number is Not Acceptable)	ntangible    Yes   Yes   Agent   APO   Signature   Sig	Ode So/S
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84 City EI	L 3.5	3015
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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 th	aintmant ac ca	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1504, riolida Statutes, the above-tained corporation's board of directors. I hereby accept the appearance 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 appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation's board of directors. I hereby accept the appearance of the corporation of the corpora	omanem as re	gistered
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A		
TITLE P DELETE 1.1 TITLE	Change	Addition
NAME ESPERANZA, LARO APONTE 1.2 NAME		-
STREET ADDRESS 1165 W. 49 ST. STE. 203 1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 1.4 CITY-ST-ZIP		
TITLE DELETE 2.1 TITLE	Change	☐ Addition
NAME 22 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP 2.4 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE	Change	☐ Addition
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CITY-ST-ZIP 3.4. CITY-ST-ZIP		
TITLE DELETE 4.1 TITLE	☐ Change	Addition
NAME 4. 2 NAME		
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STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 6.1 TITLE	Change	☐ Addition
NAME 62 NAME · -		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP		

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 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 truefle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.