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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # SOCCO

(9)

FILED	
May 02 1997 8:00am	l
Secretary of State	

MARIA F. AMARILLO, D.D.S., P.A. Principal Place of Business Mailing Address 7420 NORTHWEST FIFTH STREET 7420 NORTHWEST FIFTH STREET SUITE 104 PLANTATION FL 33317-1611			•					
					3. Date Incorporated or Qualified 11/25/1991	· L	e of Last R 5/1996	eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21	de chi	Suite, Apt. #, etc.		. 	65-0309385			t Applicable
Suite, Apt. 22]	. #, enc	27 Suite, Apr. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	***************************************	\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible t	ax under s	. 199.032,
24	25 9. Name and Address of Curren	29 t Registered Agent	30	.,,	Florida Statutes 10. Name and Address of New Re			
М	IARILLO, MARIA F. D.D.S.			81 Name				
742 SUI	20 NORTHWEST FIFTH STREET ITE 104 ANTATION FL			82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)		**************************************
);	84 City		FL	85 Zip	Code
agent. I a	arn familiar with, and accept the oblige signalize, typed or protect name of registered age OFFICERS ANI	nt and lide if applicable {N		Agent signature requi	poration submits this statement for the partition's board of directors. I hereby accelling when reinstating) ADDITIONS/CHANGES TO OFFICE	4/2 C	197	
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14. I do 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 eath; 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

- Linaullo III WA PH PURA

197 (981)797 7696

Døytime Phone #