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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT | # | V051 | 61 |
|---------------------|---|------|----|
| 1. Cornoration Name | | | • |

MARIAMII AGROS SARDA D.D.S., PA

| IARUIVIAII | LAGNOS SANDA D.D.S., F | n. | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place | e of Business | Mailing Address | | T (4011 Asiati ania) atiat sibia asian tiat a | 1831 AIBIT BEDIT AIAIT SIAIT AIAIT INAL |
| 4659 S.W. 153R MIAMI FL 33185 US | | P.O. BOX 450549 33345SE FL 33351 US | | DO NOT WRITE IN 1 3. Date incorporated or Qualified | THIS SPACE |
| | | <u>.</u> | | 01/06/1992 | |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | ALHAMbra Circle | 26 | | 65-0310004 | Not Applicable \$8.75 Additional |
| Suite, Apt. 22 | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 (ota | | 28 | 0 | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | r Intangible |
| 24 3314 | 9. Name and Address of Currel | 29 30 | 0 | Personal Property Tax. 10. Name and Address of New Register | |
| 2414 | DA, MARIAMILAGROS S.W. 20TH STREET III FL 33145 | | 81 Name MAR 82 Street Addr 299 | 1941 agros Sarda Pes (P.O. Box Nimber is Not Acceptable) HI HAMDYA CIYCIE | |
| , , , , , , , , , , , , , , , , , , , | - 0 | | 200 | Te 205 | |
| | | | 84 City | | FL 85 5314 5 |
| 11. Pursuant i | td the p/pvi/rights of Sections 607.050 edistered afters, or both, in the State | 32 and 607.1508, Florida Statutes. of Fl <i>or</i> ida. Such change was auth | , the above-named corp norized by the corporation | on's board of directors. I hereby accept the a | ppointment as registered |
| agent. I ar | m familiar with land accept the obliga | ations of Section 607.0505, Florid | a Statutes. | poration submits this statement for the purposon's board of directors. I hereby accept the a | 9.99 |
| SIGNATURE | $\omega \sim$ | //// MA | RIAMITACYC | os Sauda 3- | 9-99 |
| SIGNATURE | Signature typed or printed name of registered age | //// MA | a Statutes. CIAMILACYC agistered Agent signature inquire 13. | os Sauda 3- | 4-4 7 |
| SIGNATURE | Signature typed or printed name of registered age OFFICERS AI | ord and titled applicable. (NOTE: Re | CIAMILACY C egistered Agent signature inquire | DAT | 4-4 7 |
| SIGNATURE | Signature typed or printed name of registered age OFFICERS AN | of and title applicable. (NOTE: Re | egistered Agent signature giquire | DAT | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature typed or printed name of registered age OFFICERS AN PST SARDA, MARIAMILAGROS | of and title applicable. (NOTE: Re | egistered Agent signature inquire 13. 1.1 TITLE | DAT | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature typed or printed name of registered age OFFICERS AN PST SARDA, MARIAMILAGROS 2414 S.W. 20TH STREET | of and title applicable. (NOTE: Re | egistered Agent signature of quire 13. 1.1 TITLE 1.2 NAME | DAT | S AND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature typed or printed name of registered age OFFICERS AN PST SARDA, MARIAMILAGROS | of and title applicable. (NOTE: Re | pgistered Agent signature grquire 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | DAT | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature typed or printed name of registered age OFFICERS ANDSTANDA, MARIAMILAGROS 2414 S.W. 20TH STREET MIAMI FL | or and util applicable. (NOTE: Re | pgistered Agent signature grquire 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | DAT | S AND DIRECTORS IN 12 Change Addition |
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CITY-ST-ZIP 14. 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 deport or suppliemental 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 of 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, of an extachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OFFICER OR DIRECTOR

305-443-4841